ANXIETY DISORDERS CLINIC

Assessment Referral and Registration

crufad.org
crufad.admin@svha.org.au
02 8382 1401
02 8382 1400

PATIENT REFERRAL FORM – *to be completed by GP*

Today's Date

Patient Name

Referred to Dr. Michael Millard, Anxiety Disorders Clinic – St. Vincent's Hospital Sydney

Referring doctor details

Name

Provider Number | Contact Phone Number

Email

Practice Address

Suburb | Postcode | State (Select)

Signature

Referral Type

- ☐ Assessment only
- ☐ Assessment + Treatment (where indicated)
- ☐ Clinician-to-clinician consultation
- ☐ Medication review

Reason for Referral

Please attach relevant paperwork as necessary (e.g. discharge summary) and return this completed form to:

crufad.admin@svha.org.au (attn. Anxiety Disorders Clinic) | 02 8382 1401 | Level 4, The O'Brien Centre, 394-404 Victoria St Darlinghurst NSW 2010

Treatment History

Current Medications

Medical History

PATIENT REGISTRATION AND CONSENT – *to be completed by patient*

At the Anxiety Disorders Clinic we provide two types of clinical services. An assessment clinic for diagnostic opinion on specific anxiety disorders and treatment programs. All programs involve short-term psychological treatment with Cognitive-Behavioural Therapy with a clinician and/or via our online programs.

This is a specialised service, not everyone referred to the clinic will be offered an assessment. Everyone in NSW can request a free mental health assessment by contacting the Statewide Mental Health Access Line on 1800 011 511.

The Anxiety Disorders Clinic does not provide the following:

- Prescription of medications, including benzodiazepines
- Long-term psychological care
- Letters or reports for non-clinical purposes (court, NDIS, Centrelink, DSP applications and Worker's Compensation)

Referral Criteria

The Anxiety Disorders Clinic provides an assessment service under the following criteria. Please select all which apply to you:

☐ I live in New South Wales (NSW) ☐ I am aged 18+ ☐ I have a current Medicare card

☐ I am seeking a brief skills based treatment which teaches me how to manage my own difficulties

☐ (If applicable) I am able to regularly attend a treatment program over the next 3-6 months
Consider if: I have enough time, I do not have planned travel for extended periods, I am able to access the clinic either in-person at St. Vincent's Hospital Darlinghurst, or via Telehealth (video-conference call)

I may have a diagnosis of:

☐ Social phobia ☐ Panic disorder ☐ Agoraphobia
☐ Generalised Anxiety Disorder ☐ Obsessive Compulsive ☐ Specific phobia
☐ Illness Anxiety Disorder ☐ Disorder Body Dysmorphic Disorder ☐ I am not sure

Patient Details

Title (Mr/Mrs/Ms/Miss/Mx)		Name	
Is this the same name on your Medicare card?	☐ Yes ☐ No	Other Names	
Date of Birth		Country of Birth	
Medicare Number		Expiry	Position
Gender	☐ Male ☐ Female ☐ Non-binary	I use a different term:	☐ Prefer not to say
Sex assigned at birth	☐ Male ☐ Female ☐ Other ☐ Prefer not to say	Pronouns	
Preferred Language		Do you require an Interpreter?	☐ Yes ☐ No
Phone Number		Mobile Number	
Email			
Address			
Suburb		Postcode	State: Select
Emergency Contact			
Relationship		Phone Number	

Patient Consent

To ensure continuity of care, I give my permission for confidential exchange of relevant personal health information between the Anxiety Disorders Clinic and my GP and other care providers as nominated (e.g. Psychologist, Case Manager). Patient notes are stored in electronic medical records. To ensure best care, cases are discussed within our multidisciplinary team as well as with an external clinical psychologist supervisor. Clinical records held by the Anxiety Disorders Clinic at St. Vincent's Hospital Sydney may be used for quality assurance and research purposes. To ensure privacy, all data is de-identified for these purposes. Please let us know if you do not want your de-identified clinical records used in these ways. You may review our privacy policy here: svhs.org.au/privacy-policy. I agree to the use of my de-identified clinical records for quality assurance and research purposes.

Signature _____ Date _____

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PATIENT REGISTRATION AND CONSENT – *to be completed by patient*

Demographic Information

Indigenous Status ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Neither

Highest Education
☐ Primary/Secondary School ☐ Undergraduate Diploma Trade ☐ Bachelor's Degree
☐ Secondary School Qualification ☐ Certificate or Apprenticeship ☐ Tertiary or Associate Diploma
☐ Tech or Advanced Certificate ☐ Other Certificate ☐ Master's or Doctoral Degree

Employment Status
☐ Full-time paid work ☐ Part-time paid work ☐ Full-time student
☐ Part-time student ☐ At home parent ☐ Unemployed
☐ Registered sick/disabled ☐ Retired

Marital Status
☐ Married ☐ De facto ☐ Never Married
☐ Divorced ☐ Widowed

I currently see a: ☐ Psychologist ☐ Psychiatrist ☐ Other

Please provide details of your clinicians:

I give consent to contact my clinician ☐

Please provide letters from your current clinicians describing the reasons they support your referral to the Anxiety Disorders Clinic as this helps care co-ordination.

I have enclosed a supporting letter from: ☐ Psychologist ☐ Psychiatrist ☐ Other

Exclusion Criteria

At your assessment, the clinician will determine if one of our treatment programs is suitable for you or if a different treatment may be more appropriate. There are many factors that contribute to anxiety symptoms.

The services available through the Anxiety Disorders Clinic may not be suitable for consumers presenting with the following problems/conditions. Please select all which apply to you:

☐ I need immediate help for safety (e.g. difficulties with self-harm or suicide)
☐ I am currently in a hospital/residential facility
☐ I have a history of/current psychotic disorder (e.g. schizophrenia, schizoaffective disorder, other psychotic disorder)
☐ I have a history of/current bipolar illness
☐ I have a history of/current post-traumatic stress disorder (PTSD), Complex PTSD, or other trauma related difficulties
☐ I am currently using illicit drugs (e.g. methamphetamine, cocaine, heroin)
☐ I am currently using above recommended levels of alcohol (>2 standard drinks per day)
☐ I am currently using sedative medications (e.g. Valium, Xanax)
☐ I am currently using atypical anti-psychotic medications (e.g. Abilify, Zyprexa, Seroquel)
☐ I require long-term therapy and support
☐ I have problems controlling anger/aggression or have a history of violent behaviour
☐ I have significant brain impairment (e.g. dementia or brain injury)
☐ I am experiencing bereavement or complex grieving
☐ I have previously found Cognitive Behaviour Therapy (CBT) unhelpful
☐ I would like a medication-based treatment (not a psychological treatment)

PATIENT REGISTRATION AND CONSENT – *to be read and acknowledged by patient*

Drug and Alcohol Use

Consumers who are referred to the service who are substance abusing or dependent will be referred to drug and alcohol services. Consumers with a history of substance abuse and/or dependence will only be offered treatment with the ADC following at least three months abstinence.

Referral Process

1. When you contact the ADC you may get the option to leave a telephone message or send an email. A staff member will aim to contact you within five business days. If you have not already done so you will be asked to complete this referral and registration form with your General Practitioner (GP) and other clinicians.
2. Referrals are reviewed at weekly ADC clinical meetings. If you fulfill the referral criteria and the team believe you may benefit from an assessment and possible treatment, you will be contacted to arrange an appointment time. As part of the assessment process you will be asked to complete some online questionnaires prior to your appointment.
3. If you do not meet the referral criteria (e.g. some exclusion criteria are relevant to you) you may not be offered an assessment. Alternative options may be discussed with your GP.
4. Initial assessment sessions can be up to 90 minutes in duration.
5. Initial assessment sessions are directed interviews; they aim to understand your main anxiety difficulties and determine if you may benefit from the treatment programs provided. Assessments are not comprehensive or therapeutic.
6. The assessing doctor will recommend treatment options and send your GP a written report, generally within 2 to 4 weeks following assessment.
7. Treatments at the ADC are not suitable for all people, alternative treatment options may be discussed where possible and appropriate.

Clinic Information

Please read the following information and confirm your acknowledgment by ticking each box:

- ☐ There is a waiting list for assessments, typically 4-8 weeks. Wait times vary depending on demand for services.
- ☐ There is an additional waiting list for treatment programs, typically 2-6 weeks. Wait times vary depending on demand for services.
- ☐ All appointments are provided during business hours (Monday-Friday, 9:00am to 5:00pm).
- ☐ All treatment programs are structured and brief (typically 3-4 months, maximum 6 months).
- ☐ The Anxiety Disorder Clinic does not provide ongoing psychiatry services or medication only treatments.
- ☐ St. Vincent's Hospital is a teaching hospital; there may be student clinicians at your consultation/s.
- ☐ Treatment at the ADC may occur in a 'stepped' fashion, often starting with a trial of an online course from This Way Up and progressing to in-person/ telehealth therapy as needed.
- ☐ Involvement in a treatment program requires regular review including completing health questionnaires.
- ☐ The ADC does not provide a crisis service.
- ☐ The ADC does not provide reports or letters of any kind (except to the referring GP, and never in medico-legal contexts).
- ☐ All services are funded through the NSW public health system or are bulk-billed through Medicare where applicable (with the exception of course access fees for some online programs).

Further information can be found at crufad.org

I have read and understood the above information ☐

Urgent Assistance

The ADC does not provide emergency or urgent care. Please contact the following for urgent assistance:

Mental Health Line	Lifeline Australia	Suicide Call Back Service	Emergency Services
1800 011 511	13 11 14	1300 659 467	000
	lifeline.org.au	suicidecallbackservice.org.au	triplezero.gov.au

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