



LakesidePsychology

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Dear Valued Client,

Thank you for choosing Lakeside Psychology for your or your child's mental health needs. We aim to provide an exceptional psychology service and hope that your experience at Lakeside Psychology will exceed your expectations.

We hope that you have already been in contact with our administration staff to discuss your needs and appointment details. If not, please contact us on 5941 3575 to ensure that we have your needs covered.

Please find enclosed some important forms and information sheets:

Psychologist Profile

New Client Information

Registration and Consent Form

Strengths & Difficulties Questionnaire

To make sure your treatment flows smoothly, please ensure that you bring your registration form and referral information (if applicable) to your appointment and provide it to reception.

We sincerely wish you the very best in your work with your psychologist and Lakeside Psychology.

Yours sincerely

Administration

LAKESIDE PSYCHOLOGY

new client information

LAKESIDE PSYCHOLOGY is a psychology clinic that provides services for children, adolescents, adults, parents and families with various needs. We hope that your treatment here will lead to long-lasting benefits in your mental health and to a meaningful quality of life.

Getting here and parking

Car: We are only minutes from the Monash Freeway and the Princes Highway, and there is plenty of off-street parking.
Bus: We are just 50 metres from the nearest bus stop on Lakeside Boulevard, Pakenham.

What to expect

When you arrive, our friendly reception staff will ask for your registration form and referral and invite you to take a seat in our comfortable waiting area. Your psychologist will invite you into the consulting room and begin by asking you about what you would like help with, your mental health, stressors, your personal history, family and relationships. At the end of the consultation, your psychologist will provide some feedback about the problem, identify your treatment goals and explain what type of treatment will be provided. You will then have a chance to ask any questions. Consultations run on time so please arrive on time. Consultations usually go for around 50 minutes.

Confidentiality and Privacy

Your psychologist will need to gather information that is relevant to your needs. All information you provide is kept confidential and will not be disclosed to any person or organization without your consent. If you have been referred by your GP then we will assume consent to communicate with your GP about your mental health. There are limits to confidentiality if there is a risk of safety to yourself or someone else, and the psychologist may breach confidentiality to protect you or others from harm. There are also limitations to confidentiality for Workcover and TAC clients.

Fees and rebates

There are several programs to help fund your treatment, so if you are unsure please speak with our friendly reception staff about your options. Lakeside Psychology does not bulk-bill. Payment is required at the time of your consultation by EFTPOS, credit card, cash, or cheque. If you have a Mental Health Plan, we can process your Medicare rebate at the time of payment which is usually received in your account within 24 hours (please make sure your details are correct with Medicare to allow for immediate rebates). Clients with private health insurance may also receive rebates - please contact your insurer for more information.

Cancellation policy

We believe that accessing a psychologist when you need help and not waiting for long periods for an appointment is essential. Therefore at Lakeside Psychology we aim to have no unused appointments. If you need to change or cancel an appointment, please provide at least 24 hours' notice otherwise a cancellation fee applies which is 50% of the consultation fee (including clients with third party funding such as WorkCover, TAC). **PLEASE NOTE:** Medicare, health insurers and third parties do not cover the cost for late cancellations or missed appointments, and this will need to be paid for by the client.

Our Commitment to Child Safety

Lakeside Psychology is committed to the safety of children, and complies with the Victorian Child Safe Standards. We support the cultural safety of Aboriginal and Torres Strait Islander children, culturally or linguistically diverse children, and children with a disability. In complying with the Victorian Child Safe Standards, so we: 1) embed child safety into everyday thinking, 2) take a zero tolerance approach to child abuse, 3) ensure that all staff are aware of how to respond to protect children, 4) promote a culture of reporting, 5) respect, embrace and support the diversity of children, and 6) adopt a continuous improvement approach.

Making a complaint

If you have any concerns about any of the services provided by Lakeside Psychology and would like to lodge a complaint, please ask for a Complaint form from reception or your psychologist.

If you are unsure about anything, please ask our friendly reception staff or your psychologist.



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Catherine Eldridge

Senior Child and Adolescent Psychologist



Catherine has experience working with children, adolescents, adults and families across community, education and private settings. She is experienced in providing evidenced-based treatment for a wide range of mental health, social, emotional, behavioural and developmental concerns (including Autism Spectrum Disorder). Catherine is also experienced in supporting families who have experienced significant change and trauma and in providing a range of cognitive, educational and developmental assessments. Catherine enjoys working together with parents and aims to make sessions relaxed and fun for children. In her spare time, Catherine enjoys the beach and relaxing with her family and friends.

Who Catherine can help:

Catherine enjoys working with children, adolescents and young adults.

What Catherine can help with:

- Cognitive, behavioural and educational assessments
- Assessment and early intervention for Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Assessment for specific learning disabilities and giftedness
- Anxiety and panic
- Depression
- Trauma and PTSD
- Social, emotional and behavioural concerns
- Low self-esteem
- Parenting support
- Family conflict
- Parent-child and family relationships
- Toileting concerns
- Substance use
- Grief and loss
- Self-harm

What treatments Catherine provides:

- Cognitive-Behavioural Therapy (CBT)
- Acceptance and Commitment Therapy (ACT)
- Play-Based Therapy
- DIR ® / Floortime™ Based Therapy (especially for children diagnosed with Autism Spectrum Disorder)
- Interpersonal Psychotherapy (IPT)
- Attachment-Based Therapy

Catherine's availability:

Monday 9:00am – 5:00pm
Tuesday 11:00am – 7:00pm
Friday 8:00am – 4:00pm

📞 (03) 5941 3575 ✉ catherine@lakesidepsychology.com.au

Lakeside Psychology: 4/38 Lakeside Boulevard, Pakenham VIC 3810.



Registration and Consent Form (CA)

CLIENT DETAILS:	
First name: _____	Surname: _____
Preferred name: _____	Gender: M / F DOB: ____ / ____ / ____
Address: _____	
Mobile: _____	Home: _____ Email: _____
Name of school: _____	
Medicare No: _____	Ref No: _____ Expiry Date: ____ / ____
Concession card? Y / N Card Number: _____	Expiry date: ____ / ____ / ____
GP name: _____	GP clinic name/address: _____
Cultural background/Religion: _____ How did you find out about us? _____	
PARENT/GUARDIAN 1: Full name: _____	
Relationship: _____	Email: _____
Emergency contact? Y / N Mobile: _____	DOB: ____ / ____ / ____
Medicare No: _____	Ref No: _____ Expiry Date: ____ / ____
PARENT/GUARDIAN 2: Full name: _____	
Relationship: _____	Mobile: _____

Your psychologist will need to collect and record personal information that is relevant to your treatment. You do not have to give all your personal information, but if you don't this may limit the services provided to you.

Confidentiality

All information provided will remain confidential. Management will access information for quality assurance. Limitations to confidentiality are when: 1) disclosure is required by law or subpoenaed by a court, 2) failure to disclose information would place you or another person at serious and imminent risk, and 3) your written consent has been obtained.

Payments & Cancellation

Payment is required at the time of the consultation. If you need to change or cancel an appointment, please provide at least 24 hours' notice otherwise a cancellation fee applies which is 50% of the consultation fee (including clients with third party funding such as WorkCover, TAC). **PLEASE NOTE:** Medicare, health insurers and third parties do not cover the cost for late cancellations or missed appointments, and this will need to be paid for by the client.

PLEASE NOTE: *If you are unsure of what is written, please discuss it with the psychologist.*

I have read, understood and agree to these conditions for the service provided by Lakeside Psychology.

For dependent children, are both parents aware of child attending? Y / N

Client/Parent/Guardian (please circle) signature: Date/...../.....

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

Your child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other young people or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help