



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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# Ling Mu

## Senior Psychologist



Ling has 10 years of experience in the public, private and community health settings. She works with individuals, couples and families. She has a passion for working with children and their parents to develop skills to have a better understanding of each other's needs.

Ling has an interest in trauma and has experience in providing trauma and grief counselling. Ling specialises in working with adult clients who have experienced depression, anxiety, addiction problems, anger and emotional issues, major life transitions and family violence.

### Who Ling can help:

Ling enjoys working with adolescents (16 onwards) and adults.

### What Ling can help with:

- Depression and bipolar disorder
- Trauma and Posttraumatic Stress Disorder (PTSD)
- Anxiety, worry and panic
- Family conflict
- Child-parent relationships
- Behavioural, emotional & social problems in children
- Greif and loss
- Social and relationship problems
- Life adjustment difficulties
- Anger management
- Low self-esteem
- Weight management
- Perinatal and Infant Mental Health
- Stress management and problem solving
- Communication skills and assertiveness training
- Workcover, TAC, Victims of Crime

### What treatments Ling provides:

- Cognitive Behavioural Therapy (CBT)
- Trauma-focused Therapy
- Mindfulness-Based Cognitive Behavioural Therapy (MBCT)
- Acceptance Commitment Therapy (ACT)
- Play Therapy (for children)
- Psychodrama

### Ling's availability:

Monday 9:00am – 5:00pm  
Wednesday 12:30am – 8:30pm  
Saturday 8:30am – 1:00pm

☎ (03) 5941 3575 ✉ [ling@lakesidepsychology.com.au](mailto:ling@lakesidepsychology.com.au)

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



# Registration and Consent Form (CA)

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| <b>CLIENT DETAILS:</b>   |                               |                                 |
| 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? _____ |                               |                                 |
| <b>PARENT/GUARDIAN 1:</b> Full name: _____                               |                               |                                 |
| Relationship: _____  | Email: _____                  |                                 |
| Emergency contact? Y / N   | Mobile: _____                 | DOB: ____ / ____ / ____         |
| Medicare No: _____   | Ref No: _____                 | Expiry Date: ____ / ____ / ____ |
| <b>PARENT/GUARDIAN 2:</b> 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-<br>minor<br>difficulties | Yes-<br>definite<br>difficulties | Yes-<br>severe<br>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<br>a month     | 1-5<br>months            | 6-12<br>months           | Over<br>a year           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Do the difficulties upset or distress your child?

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Not<br>at all            | Only a<br>little         | Quite<br>a lot           | A great<br>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<br>at all            | Only a<br>little         | Quite<br>a lot           | A great<br>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<br>at all            | Only a<br>little         | Quite<br>a lot           | A great<br>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**