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equilibrium  

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psychology  
balance for life

## Thank you for choosing Equilibrium Psychology.

Seeing a psychologist is something you may not have experienced before. The information below has been prepared to answer patients' most frequently asked questions. However, if you have further questions before your appointment, please call on (02) 9262 6156.

### ▶ How to get to Equilibrium Psychology

Equilibrium Psychology is located on Level 7, 283 George Street, Sydney.

#### **If you are catching the train:**

take the George Street exit at Wynyard station and turn left.  
We are a 1 minute walk, opposite Hunter Street.

#### **If you are driving:**

the closest parking station is Wilson Parking located at  
264-278 George Street (Australia Square), entry via Bond Street.  
It costs approximately \$38.00 for 1–2 hours.

### ▶ What to expect

When you arrive please take a seat in our waiting room.

Our psychologists appreciate that your time is valuable and do their best to keep to time, however, occasionally this is not possible and your patience is appreciated. Your therapist will then take you into a consulting room and will review the consent form attached.

The initial appointment will run for approximately one hour. The session will involve a detailed assessment of your situation and you will be given the opportunity to ask any questions you may have. It is best to be as open and honest about your problems as possible, however, if you find it too difficult to talk about an issue, please indicate this and we will leave it for the time being.

At the end of the session the therapist will give you an indication of what therapy may involve and approximately how many sessions it might take.

## Consent form

### Completing this form

If you have access to Acrobat® Reader® 8 or 9 you will be able to fill this form out and save a copy electronically. When completed, print the entire form and sign where indicated. Otherwise, please print and fill in by hand. Please bring this form with you to your first session. Don't forget to save an electronic or printed copy for your records.

### Access to information

As part of providing psychological services to you, we will need to collect and record your personal information relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment. You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6.

### Confidentiality

All personal information gathered during the provision of the psychological service will remain confidential and secure except when:

1. It is subpoenaed by a court
2. Failure to disclose the information would place you or another person at risk; or
3. Your prior approval has been obtained to:
  - a) provide a written report to another professional or agency, eg. a GP or a lawyer; or
  - b) discuss the material with another person, eg. a doctor or employer

If you have been referred by a GP under the Mental Health Care Plan we are obligated to provide a report to your GP after the initial appointment, the 6th and 12th appointments. Your signature below constitutes your permission for us to do this.

### Fees

The cost of a consultation (usually around 55 minutes) is \$160 or \$170 after 5.30pm.  
Medicare Rebate: \$78.40.  
Private Health Fund Rebate: Please check with your fund.  
Payment by cash, cheque, EFTPOS, Visa or Mastercard will be collected after your consultation.  
No accounts will be sent.

### Cancellation policy

If, for some reason you need to cancel or postpone the appointment, please give us at least 24 hours notice. Cancellations or changes to appointments with less than 24 hours notice will be charged at the full fee.

I, (full name)	<input type="text"/>
have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Equilibrium Psychology.	
Signature (sign when printed)	<input type="text"/>
Date	<input type="text"/>

**Personal details**

Full Name

Preferred

Postal address

Suburb  Postcode

Date of birth  Age  years

Home phone  OK to leave message? Yes No

Mobile phone  OK to leave message? Yes No

Work phone  OK to leave message? Yes No

E-mail address  OK to e-mail? Yes No

Name of private health fund (if applicable)

How did you hear about us? Doctor (name)

Previous client (name)

Google search Yes No

Other (eg Beyond Blue)

**Emergency contact details**

Name

Relationship  Telephone

**Therapist to complete:**

Tracking categories

### Credit details for cancellations

It is important that we receive 24 hours notice for any cancellation or change to appointments made so that we can give another client on the waiting list an opportunity to take that appointment.

**In the case that you fail to attend an appointment or are unable to give sufficient notice to change an appointment, a cancellation charge will be made on your nominated card and a receipt will be sent by email or mail, according to your preference. If you do not have a credit card we will send you a bill for the missed appointment.**

Your credit details will be destroyed on the completion of therapy.

I (full name)

authorise Equilibrium Psychology to charge my credit card the cancellation fee, equivalent to cost of my session, should I fail to give 24 hours notice of an appointment change or cancellation.

I am aware that my credit card details will only be used as described above.

Card Type          VISA          Mastercard

Name on card

Card Number

Expiry Date

 / 

Signature (sign when printed)

Date



### Following is the Depression, Anxiety & Stress Scale\*

We like all new clients to complete this scale to enable us to help you by getting a standardised measure of your levels of depression, anxiety and stress.

**Please complete for your first appointment.**

Full name	<input type="text"/>
Date	<input type="text"/>

**Please read each statement and fill in a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week.**

There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is: **0 Did not apply to me at all**

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**1 Applied to me to some degree, or some of the time**

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**2 Applied to me to a considerable degree, or a good part of the time**

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**3 Applied to me very much, or most of the time.**

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\*Lovibond & Lovibond, 2005

**Please enter a number for each question**

I found myself getting upset by quite trivial things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was aware of dryness of my mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I couldn't seem to experience any positive feeling at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I just couldn't seem to get going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tended to over-react to situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a feeling of shakiness (eg legs going to give way)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it difficult to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found myself in situations that made me so anxious I was most relieved when they ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I had nothing to look forward to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found myself getting upset rather easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I was using a lot of nervous energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad and depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found myself getting impatient when I was delayed in any way (eg lifts, traffic lights, being kept waiting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a feeling of faintness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that I had lost interest in just about everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I wasn't worth much as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was rather touchy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I perspired noticeably (eg hands sweaty) in absence of high temperatures or physical exertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt scared without any good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that life wasn't worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to wind down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty in swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I couldn't seem to get enjoyment out of the things I did	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was aware of the action of my heart in the absence of physical exertion (eg sense of heart rate increase, heart missing a beat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt down-hearted and blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found that I was very irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was close to panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to calm down after something upset me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feared that I would be "thrown" by some trivial but unfamiliar task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was unable to become enthusiastic about anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it difficult to tolerate interruptions to what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was in a state of nervous tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was pretty worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was intolerant of anything that kept me from getting on with what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt terrified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could see nothing in the future to be hopeful about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that life was meaningless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found myself getting agitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experienced trembling (eg in the hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it difficult to work up the initiative to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Rating scale:**

**0** Did not apply to me at all

**1** Applied to me to some degree, or some of the time

**2** Applied to me to a considerable degree, or a good part of the time

**3** Applied to me very much, or most of the time.