



## Information and Consent Form

Welcome to Sleep Matters (administered through Jeffery&Ree Clinical Psychologists).  
[www.sleepmattersperth.com](http://www.sleepmattersperth.com). Please read this information and sign to indicate your agreement.

### Confidentiality

In order to provide the highest standard of psychological care, personal & health information that is relevant to your current situation will be recorded. Client files are either paper-based and held in a secure filing cabinet that is only accessible by Jeffery&Ree/Sleep Matters Clinical Psychologists, or, are electronic and stored securely on our practice management system which meets industry e-security requirements.

All personal information gathered during the provision of psychological service will remain confidential and secure except when: it is subpoenaed by a court, failure to disclose the information would put you or another person at risk, or your prior approval has been obtained to provide information to another professional, agency, or person (e.g., spouse, parent, employer).

### Request for access to personal information

At any stage you may request to see the information about you that is kept on file. You may access the material recorded in your file, subject to exceptions in National Privacy Principle 6. Requests by you for access to information will be responded to within 14 days and an appointment will be made if necessary for clarification purposes.

### Communication with your GP and/or other referring doctor.

If you were referred by a medical practitioner, your psychologist will communicate with them regarding your treatment. This will usually be in the form of assessment and progress letters and phone contact as needed. Please advise if you would like to have any other health professionals or third parties included in these communications.

### Concerns about management of personal information

If you have a concern about the management of your personal information, please do not hesitate to ask. The National Privacy Principles ([www.privacy.gov.au](http://www.privacy.gov.au)), describe your rights and how your information should be handled. Ultimately if you wish to make a formal complaint about the management of your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992.

### Fees

The cost of each 50 minute consultation is **\$190-\$200, payable on the day of consultation**, by *Eftpos, credit card (Visa & Mastercard only), cash, cheque, or money order*. If you have a GP (care plan), psychiatrist, or paediatrician referral, you may be eligible for a Medicare Rebate of **\$124.50 (gap = \$65.50-\$75.50)** per session. You can claim after each session via the Medicare App (<https://www.humanservices.gov.au/customer/services/express-plus-mobile-apps>). Please check with your doctor. If you have a psychiatry or paediatrician referral letter or GP Mental Health Care Plan, please bring it to your first appointment. If you are not eligible for Medicare and have private health insurance cover for psychology, please contact your private health insurer in order to discuss the level of rebate you are eligible for.

### Cancellation Policy

Appointments are precious. If you need to cancel an appointment, if at all possible, please provide **at least 48 hours notice**. A **cancellation fee of \$50 will be applied if you cancel with less than 48 hours notice**. The full fee is charged if you fail to attend an appointment. If you have difficulty attending the appointed time, please think ahead and change it or let us know – we'd rather not have to charge for missed appointments if there is an alternative. This fee cannot be claimed from Medicare or your private health insurer.

### Availability

You can make changes to your appointment times Monday-Friday 9am-5pm by phoning the practice reception service on **6107 6828**. If you would like to speak with your psychologist, please leave a message with the practice reception, and your psychologist will endeavour to return your call within 24 hours (other than when they are on annual leave). If the matter is urgent and you have been unable to contact your psychologist, please call your either your psychiatrist, GP, or an emergency help-line such as Crisis Care (9223 1111).

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I (please print name) \_\_\_\_\_ have read and understood the above information. I agree to these conditions for the psychological service provided by Jeffery & Ree Clinical Psychologists.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Patient Information Sheet



Surname: \_\_\_\_\_

First name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ (work): \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_

In order to respect your privacy, in the event that I need to phone you please indicate if I may leave:

- a detailed message (at which of the above numbers? \_\_\_\_\_) OR
- just a message asking you to phone me

**How did you hear about us? Doctor / friend / internet search / other:** \_\_\_\_\_

**Next of kin, friend, or guardian (in case of emergency only)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ (work): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Referring doctor (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**GP details (if different from referring Dr)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Health Insurance**

Fund name: \_\_\_\_\_

Worker's compensation?: \_\_\_\_\_ Claim no. \_\_\_\_\_



**DASS 21** NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please read each statement and circle 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 as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	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)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
<b>TOTALS</b>								

## Sleep Impairment Index

1. Please rate the current (last 2 weeks) **severity** of your sleep problems (for all questions rate '0' if your sleep has not been a problem).

	<u>None</u>	<u>mild</u>	<u>moderate</u>	<u>severe</u>	<u>very severe</u>
Difficulty falling asleep	0	1	2	3	4
Difficulty staying asleep	0	1	2	3	4
Problem waking too early	0	1	2	3	4

2. How satisfied/dissatisfied are you with your current sleep pattern?

Very satisfied		moderately satisfied		very dissatisfied
0	1	2	3	4

3. To what extent do you consider problems with sleep **interfere** with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood etc?).

Not at all	a little	somewhat	much	very much
0	1	2	3	4

4. How **noticeable** to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all	a little	somewhat	much	very much
0	1	2	3	4

5. How **worried/distressed** are you about current sleep problem?

Not at all	a little	somewhat	much	very much
0	1	2	3	4

### **Thank you for your time.**

If you are attending for assistance with sleep, please also complete the **7 day sleep log (see website)**. Please bring this paperwork, and your referral/care plan (if you have one) with you to your first session. We look forward to working with you.