
Registration Form

Personal details:

First name _____ Surname _____

Preferred name _____

Date of birth _____

Street address and suburb _____

Postcode _____

Email _____

Mobile number _____

Emergency contact details:

Name _____ Relationship to you _____

Mobile number _____

Details needed to process Medicare rebate:

Medicare number _____ Ref _____ Expiry _____

Name on bank account _____

Bank account BSB _____ Account number _____

Please ensure your address above matches with the address you have registered with Medicare, or your rebate may be rejected.

Dana Ben-Israel 

Clinical Psychologist

Please describe your reasons for coming to see me.

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What are you hoping to gain from our work together?

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DASS₂₁

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

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

Consent

Psychological Service

As part of providing a psychological service to you, I Dana Ben-Israel will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted. You do not have to give all your personal information, but if you don't, this may mean the psychological service may not be able to be provided to you.

Purpose of collecting and holding information

The information is gathered as part of assessment, diagnosis and treatment, and is seen only by me as your psychologist. The information is retained in order to document what happens during sessions, and enables me to provide a relevant and informed psychological service.

Access to Client Information

At any stage you as a client are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. I can discuss with you the appropriate forms of access.

Confidentiality

All personal information I gather during the provision of the psychological service to you will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent 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 parent or employer;or if disclosure is otherwise required or authorised by law.

Emergency services

Please be aware that I don't provide emergency services. If you require immediate assistance, please call 000 or for phone support call Lifeline on 13 11 14.

Fees

The cost of a 50-minute consultation is \$240 which is payable at the end of the session.

Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, please give at least 48 hours' notice, otherwise you may be charged a cancellation fee of \$100.

Please sign below:

I, (print name in Block Capitals)....., have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Dana Ben-Israel, Clinical Psychologist.

Signed:

Date:

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Name (please print)

Please Note: If, after reading this page you are at all unsure of what is written, please feel free to discuss it with me.

Telehealth/Video-Conference Informed Consent

Telehealth describes the use of digital technology, including telephone and video-conferencing to enable clinical care between a health professional and the patient/client.

Telehealth Platform

COVIU

User room link

<https://dbipsychology.coviu.com/room/@danaben-israel>

What you need to join a video consultation

Coviu is web browser based, so no software or app instalment is required. Coviu's invitation link runs on Google Chrome, Microsoft Edge and Safari web browsers and can be used on any device.

How to connect

Simply click on the Coviu invitation link at the time of your consultation and Coviu will open in your chosen web browser. Once opened, you will be able to identify yourself and be placed virtually in a Coviu Waiting Room until I am ready to join you.

Internet connection

I recommend using a reliable internet connection for your upcoming call. Connection to your home WI-FI or a good 4G/5G connection is preferable. Keep in mind that other activities such TV streaming services and other online platforms such as computer games, can highly impact your internet connection, which further limits your ability to connect successfully with me during our session.

Please ensure that your microphone and camera are both working. You can test this by clicking here <https://tools.coviu.com/precall/>.

Please call me on M: 0498546040 if you experience any technical difficulties. I will also have my phone close by in case there are issues with connection.

Security and Privacy:

Coviu is a safe and secure platform. Your Coviu call is encrypted, which means that no one can ever be listening into a Coviu call without permission.

All protections and limitations recommended by the Australian Privacy Act (1988) are the same for telehealth services as they are in person.

Confidentiality

The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is confidential within the limits of confidentiality as outlined in the client agreement.

I understand that there are risks and consequences from telehealth. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychologist, Dana Ben-Israel that: the transmission of services could be disrupted or distorted by technical failures; misunderstandings may occur, and/or possible confidentiality breaches if someone should walk into the client's room while in session.

I agree that the service terms and conditions, including attendance policies and fees are the same for telehealth services as previously agreed to in the client information forms.

I hereby consent to engage in telehealth with Dana Ben -Israel for my assessment and/or treatment. I understand that telehealth includes the practice of health care delivery, including diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communication.

Signed:

Date:

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Name (please print)