Goodluck GC Consultancies

Goodluck Consultancies is a counselling, psychology and consulting service. Please provide your details and read the client information.

Personal Details

Name: _____

Date of Birth: _____ Gender: __ Male __ Female

Telephone: H: _____ W: _____ Mobile: _____

Residential Address: _____Suburb: _____ Postcode: _____

Postal Address: _____ Same as above □

Medicare Number: _____ Ref: _____ Expire Date: _____ / _____

Email: _____

I would like to receive __ Newsletters __Questionnaires __ via Email __via Post

Employer and section (if relevant): _____ Session limit: _____

Relationship status
__ Single
__ Married or in a partnership
__ Separated or divorced
__ Widowed

Who is attending
__ Employer
__ Family Member
__ Couple (employee & partner)
__ Family group (dependents)

Equal opportunity information
__ Non-English Speaking bg.
__ Aboriginal or Torres Strait Islander bg.
__ Person with disability

Who referred you to GC
__ Myself
__ Supervisor/Manager
__ Human Resources/OH&S
__ Co-Worker
__ GP/Medical
__ Family
__ Other

Occupational Type
__ Professional
__ Administration
__ Technical/Trade
__ Sales
__ Service
__ Home duties
__ Unemployed

Occupational Level
__ Executive
__ Middle Management
__ Supervisor
__ Staff
__ N/A
__ Other _____

Where did you find out about us?
__ EAP Brochure
__ EAP Briefing
__ General Knowledge
__ Advertisement
__ Marketing
__ Internet
__ Personal Recommendation
__ Work Recommendation
__ Other _____

Collection of Information

In providing assistance to you, Goodluck Consultancies collects personal information from you. The information is a necessary part of the Psychological or counselling services provided to you and Non-identifying statistics.

Access and Correction

Upon written or verbal request you may:

- Access the information recorded in your file
- Amend information you can demonstrate to be incorrect

Confidentiality

The storage and use of your information at GOODLUCK CONSULTANCIES is regulated by the Privacy Amendment (Private Sector) Act 2000. Personal information obtained by your counsellor will remain confidential. The only exceptions are if:

1. Your information is subpoenaed by a Court; or
2. Failure to disclose the information would place you or another person at risk of harm; or
3. You have given Goodluck Consultancies written permission to:
    a. Provide a written report to another professional agency; or
    b. Discuss the information with another person

GOODLUCK CONSULTANCIES must keep your file for 7 years after which time it is destroyed.

Cancellation Policy: ***If you need to reschedule or cancel you appointment, please give Goodluck Consultancies 48 hrs notice. If 24 hrs notice is not given, your unattended appointment may be billed. More than 24 hrs & less than 48hrs notice = half fee. If we need to recover unpaid fees the cost of that recovery may be added. (Genuine emergencies will be taken into consideration.)***

I agree to the terms of this information sheet. Signature _____ Date _____

GC
Goodluck Consultancies

Counselling Consent Form

	Yes	No
Are you here on voluntary bases (of your own free will)?	__	__
Do you understand that counselling may sometimes raise emotions which are uncomfortable or painful?	__	__
In order to maintain a high quality standard of service for all clients, do you give consent for details about your situation to possibly be discussed in Counsellor supervision meetings? Your identity will not be discussed!	__	__

Please note that this is not a release of information note.

I am aware that it is the right of the client to choose whether or not to discuss issues they are not comfortable with.

Name: _____

Signature: _____

Date: _____

Psychiatric Research Unit
WHO Collaborating Centre in Mental Health

WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	**I have felt cheerful and in good spirits**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
2	**I have felt calm and relaxed**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
3	**I have felt active and vigorous**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4	**I woke up feeling fresh and rested**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
5	**My daily life has been filled with things that interest me**	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

Scoring:

The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

DASS 21

NAME _____ DATE _____

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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

		N	S	O	AA	FOR OFFICE USE 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 physicalexertion (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			
	TOTALS							

K10

For all questions, please select the appropriate response.

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?	☐	☐	☐	☐	☐
2. About how often did you feel nervous?	☐	☐	☐	☐	☐
3. About how often did you feel so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
4. About how often did you feel hopeless?	☐	☐	☐	☐	☐
5 About how often did you feel restless or fidgety?	☐	☐	☐	☐	☐
6. About how often did you feel so restless you could not sit still?	☐	☐	☐	☐	☐
7. About how often did you feel depressed?	☐	☐	☐	☐	☐
8. About how often did you feel that everything was an effort?	☐	☐	☐	☐	☐
9. About how often did you feel so sad that nothing could cheer you up?	☐	☐	☐	☐	☐
10. About how often did you feel worthless?	☐	☐	☐	☐	☐

Today's Date: _ _ / _ _ / _ _ _ _

Black Dog Institute

Australian Government
Department of Veterans' Affairs

Alcohol Screen (AUDIT)

Full Strength Beer 285ml 4.8% Alcohol	Low Strength Beer 425ml 2.7% Alcohol	Pre-mix Spirits 275ml 5% Alcohol	Wine 100ml 13.5% Alcohol	Spirits 30ml 40% Alcohol	Full Strength Beer Can or Stubbie 375ml 4.8% Alcohol
					

*This guide contains examples of **one standard drink**.*

A full strength can or stubbie contains ***one and a half standard drinks***.

Introduction

Because alcohol use can affect health and interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential, so please be as accurate as possible. Try to answer the questions in terms of **'standard drinks'**. Please ask for clarification if required.

AUDIT Questions Please tick the response that best fits your drinking.

						Score	Sub totals
		Never	*Monthly or less*	*2 - 4 times a month*	*2 - 3 times a week*	*4 or more times a week*		
1.	How often do you have a drink containing alcohol?	☐ Go to Qs 9 & 10	☐	☐	☐	☐		
		1 or 2	*3 or 4*	*5 or 6*	*7 to 9*	*10 or more*		
2.	How many standard drinks do you have on a typical day when you are drinking?	☐	☐	☐	☐	☐		
		Never	*Less than monthly*	*Monthly*	*Weekly*	*Daily or almost daily*		
3.	How often do you have six or more standard drinks on one occasion ?	☐	☐	☐	☐	☐		
4.	How often during the last year have you found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐		
5.	How often during the last year have you failed to do what was normally expected of you because of drinking?	☐	☐	☐	☐	☐		
6.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	☐	☐	☐	☐	☐		
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	☐	☐	☐	☐	☐		
8.	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	☐	☐	☐	☐	☐		
		No		*Yes, but not in the last year*		*Yes, during the last year*		
9.	Have you or someone else been injured because of your drinking?	☐		☐		☐		
10.	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	☐		☐		☐		
							TOTAL	

Supplementary Questions

	No	*Probably Not*	*Unsure*	*Possibly*	*Definitely*
Do you think you presently have a problem with drinking?	☐	☐	☐	☐	☐
	Very easy	*Fairly easy*	*Neither difficult nor easy*	*Fairly difficult*	*Very difficult*
In the next 3 months, how difficult would you find it to cut down or stop drinking?	☐	☐	☐	☐	☐