

AssurePlus FORM B1

Consultation and New Presenting Concern Form

A completed Form B1 must accompany every invoice sent to Assure Programs following the initial AssurePlus consultation.
Forms must be received by Dean Garrett within 5 working days of the consultation.
Email to deangarrett@assureprograms.com.au

Section 1 – Client Information (initial consultation only)

Service Provider's Name: _____
 Service Provider's State: _____
 Client Code: _____
 Client's Organisation: _____

Section 2 – Consultation Information (initial consultation only)

Consultation Duration - please note all appointments deduct one full session from the client's entitlement regardless of the appointment duration.

| Client Entitlement | Consultation | Type of Service (select only one) | | | Duration (note: each session = a full session from client's entitlement, irrespective of session actual duration) | | | Phone Consultation YES = Check Box |
|--------------------|-----------------|--------------------------------------|--------------------------|----------------------------------|--|--------------------------|--------------------------|---------------------------------------|
| | | Treatment | Did Not Attend | Late Cancel (less than 24hrs) | 30 | 45 | 60 | |
| Session No. | Date of Session | | | | | | | |
| 1 | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Service Information and Client's Direct Access - please tick to confirm the following statements:

I have provided the client with the Assure Programs' Information and Records Management Policy

Section 3 – New Presenting Issue (initial consultation only)

Severity / Impact of Presenting Concern

Psychologists' assessment as per 'Impact Rating Categories' reference document located in Associate Resource Centre - <http://www.assureprograms.com.au/login/>

Work Functioning None Mild Moderate Serious Severe

Personal Functioning None Mild Moderate Serious Severe

Important Reminder: Please complete page 2

AssurePlus FORM B1

Section 3 continued – New Presenting Issue (initial consultation only)

Access Reasons for Personal Concerns - place a '1' for the primary presenting concern, followed by (if applicable) '2' and '3' (maximum 3)

- | | |
|--|---|
| <input type="checkbox"/> Relationship - Couple | <input type="checkbox"/> Loss & Grief - Death |
| <input type="checkbox"/> Relationship - Elders | <input type="checkbox"/> Loss & Grief - Business / Property |
| <input type="checkbox"/> Relationship - Other Interpersonal | <input type="checkbox"/> Loss & Grief - Relationship |
| <input type="checkbox"/> Relationship - Abuse | <input type="checkbox"/> Loss & Grief - Other |
| <input type="checkbox"/> Relationship - Family | <input type="checkbox"/> Loss & Grief - Anticipatory Loss |
| <input type="checkbox"/> Relationship - Parenting | <input type="checkbox"/> Loss & Grief - Chronic Grief |
| <input type="checkbox"/> Relationship - Domestic Violence | |
| | <input type="checkbox"/> Stress - Financial |
| <input type="checkbox"/> Mental Health - Pre-existing Anxiety | <input type="checkbox"/> Stress - Legal |
| <input type="checkbox"/> Mental Health - Pre-existing Depression | <input type="checkbox"/> Stress - Personal Demands |
| <input type="checkbox"/> Mental Health - Pre-existing Other | <input type="checkbox"/> Stress - Anger Management |
| <input type="checkbox"/> Mental Health - Symptoms of Anxiety | <input type="checkbox"/> Stress - Personal Demands |
| <input type="checkbox"/> Mental Health - Symptoms of Depression | |
| | <input type="checkbox"/> Addiction - Substance |
| <input type="checkbox"/> Personal Health - Physical Injury | <input type="checkbox"/> Addiction - Gambling |
| <input type="checkbox"/> Personal Health - Physical Illness Self | <input type="checkbox"/> Addiction - Internet |
| <input type="checkbox"/> Personal Health - Physical Illness Other | <input type="checkbox"/> Addiction - Other |
| <input type="checkbox"/> Personal Health - Diet and Physical Wellbeing | |

Access Reasons for Workplace Concerns - place a '1' for the primary presenting concern, followed by (if applicable) '2' and '3'

- | | |
|--|--|
| <input type="checkbox"/> Performance - Reduced Productivity | <input type="checkbox"/> Work Health - Physical Injury / Illness Adjustment |
| <input type="checkbox"/> Performance - Excessive Absenteeism | <input type="checkbox"/> Work Health - Psychological Injury / Illness Adjustment |
| <input type="checkbox"/> Performance - Review Process, Recipients Perspective | <input type="checkbox"/> Work Health - Critical / Stressful Incident |
| <input type="checkbox"/> Performance - Difficulty Coping with Promotion | <input type="checkbox"/> Work Health - Loss & Grief - Illness / Death of Colleague or Other |
| | <input type="checkbox"/> Work Health - Acute Stress |
| <input type="checkbox"/> Work Demands - Excessive Workload Pressures | <input type="checkbox"/> Work Health - Problems with Physical Environment |
| <input type="checkbox"/> Work Demands - Excessive Work Complexity | <input type="checkbox"/> Work Health - Occ Health and Safety Issues |
| <input type="checkbox"/> Work Demands - Establishing Priorities | <input type="checkbox"/> Work Health - Work Life Balance |
| <input type="checkbox"/> Work Demands - Dealing with Aggressive / Distressed Clients | |
| <input type="checkbox"/> Work Demands - Shift Roster | <input type="checkbox"/> Vocational Discontent - Selection Issues/Failure to Gain a Promotion |
| <input type="checkbox"/> Work Demands - Change | <input type="checkbox"/> Vocational Discontent - Lack of Person - Job Fit |
| <input type="checkbox"/> Work Demands - Changing Work Practices | <input type="checkbox"/> Vocational Discontent - Unclear Vocational Direction |
| <input type="checkbox"/> Work Demands - Organisational Restructure | <input type="checkbox"/> Vocational Discontent - Under / Over Challenged |
| | |
| <input type="checkbox"/> Org. Climate - Job Insecurity | <input type="checkbox"/> Workplace Justice - Target of Alleged W/place Harassment (Bullying) |
| <input type="checkbox"/> Org. Climate - Redundancy | <input type="checkbox"/> Workplace Justice - Perpetrator of Alleged W/place Harassment (Bullying) |
| <input type="checkbox"/> Org. Climate - Low Workplace Morale | <input type="checkbox"/> Workplace Justice - Target of Alleged Harassment (Sexual / Other) |
| <input type="checkbox"/> Org. Climate - Perceived Lack of Organisational Support | <input type="checkbox"/> Workplace Justice - Perpetrator of Alleged Harassment (Sexual / Other) |
| <input type="checkbox"/> Org. Climate - Perceived Lack of Training | <input type="checkbox"/> Workplace Justice - Witness of Harassment |
| <input type="checkbox"/> Org. Climate - Role Uncertainty / Unclear Expectations | <input type="checkbox"/> Workplace Justice - Subject to a Workplace / Independent Investigation |
| <input type="checkbox"/> Org. Climate - Dealing with Technology | |
| <input type="checkbox"/> Org. Climate - Limited Career Prospects | <input type="checkbox"/> Conflict - With Supervisor (s) |
| <input type="checkbox"/> Org. Climate - Appraisal Process | <input type="checkbox"/> Conflict - With Co-worker (s) |
| <input type="checkbox"/> Org. Climate - Lack of Recognition | <input type="checkbox"/> Conflict - With Subordinate (s) |