

## New Client Information

|   |  |                 |        |            |
|---|--|-----------------|--------|------------|
| <b>Name:</b>  | <b>Sex:</b> M / F / Intersex                             |                 |        |            |
|   | <b>Gender identity (optional):</b> Female / Male / Other |                 |        |            |
| <b>DOB:</b>   | <b>Age (yrs):</b>  |                 |        |            |
| <b>Address:</b>   |  |                 |        |            |
| <b>Phone: (mobile)</b>  | <b>(h):</b>  | <b>(w):</b>     |        |            |
| <i>(Please circle the preferred contact number – can we leave a message on this number? <input type="checkbox"/>Yes <input type="checkbox"/>No)</i> |  |                 |        |            |
| <b>Email:</b>   |  |                 |        |            |
| <b>Employment status:</b>   | F/T  | P/T             | Casual | Unemployed |
| <b>Employed as:</b>   | Address:   |                 |        |            |
| <b>Current relationship status:</b> <i>(circle one)</i> : single / married / divorced / engaged / defacto / steady relationship                     |  |                 |        |            |
| <b>Next of kin:</b>   | <b>Relationship:</b>                                     | <b>Contact:</b> |        |            |

|                             |   |
|-----------------------------|---|
| <b>MEDICARE INFORMATION</b> | <b>Do you have a MHCP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicare number:            | GP Name   |
| Individual number           | GP provider number  |
| Expiry date                 | Phone number  |
|                             | Date of Referral:   |

Reason for referral (brief):

Have you, or anyone in your family, ever been diagnosed with mental illness (e.g., depression, anxiety, schizophrenia, bipolar disorder, etc). Brief details please...

Current medications: *(please include medication name & current dosage)*

Current medical conditions:

How did you find out about our practice?



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**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> |  |   |   |   |    |   |   |   |

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