

THE WINN CLINIC

Child and Adolescent Application Form

We ask you to complete this form as part of the consultation process.
All information given in this form is confidential to THE WINN CLINIC.

Name of Child _____

Date of Birth _____

Sex _____

School and Grade _____

Name of Parent Completing Form _____

Telephone _____

Email _____

THE WINN CLINIC

Parent 1

Parent 2

Surname _____

Fist Name _____

Date of Birth _____

Address _____

Occupation _____

THE WINN CLINIC

Members of Child's Residence 1

Name	Relationship to Child	DOB

Members of Child's Residence 2

Name	Relationship to Child	DOB

If the child resides in two homes, can you describe the current arrangement.

THE WINN CLINIC

Please describe the nature of the child's difficulties

How do these difficulties affect you and your family?

Do these difficulties affect your child's schooling and peer relationships? If so please describe.

THE WINN CLINIC

Why did you think of contacting this clinic for help?

How did you find out about the Clinic and its contact details? (eg. recommendation from a professional; friend, leaflet, website, etc)

How do you think intensive psychological treatment might help your child and family?

THE WINN CLINIC

Is there anything in particular that you would like to tell us about your family circumstances?

If your child or any member of your family has previous psychological, psychotherapy or psychiatric treatment, please could you give details and briefly describe the outcome.

If your child or any member of your family has experienced any past or present illness or disability, please give details.

THE WINN CLINIC

Are there any ongoing matters before the Family Court of Australia, the Federal Circuit Court or any other court involving your family?

Yes/No (Please underline)

If so please give details.

Have any child protection reports been made concerning any of your children?

Yes/No (Please underline)

If so please give details.

Please add any other information you think might be useful.

As a result of your consultation, we may recommend to you a referral for psychoanalysis or psychoanalytic therapy. Psychoanalysis involves a number of sessions each week. THE WINN CLINIC is sometimes able to offer low-fee 3 to 5 times weekly treatment. The level of fee is agreed according to financial means.