

PARTICIPANTS DETAILS			
Name:		D:O:B / Age:	
Gender:		Pronouns:	
Address:		State:	
Postcode:		Phone:	
NDIS No:		Email:	
Disability:		Health Cond:	
Discord Username:		Plan mgmt type:	<small>Disclaimer we can't take on anyone on NDIA funding</small>

RISK DETAILS	
Is there a history of self harm? (if Yes, explain)	
Is there a history of harming others? (if Yes, explain)	
Is there a history of damaging property? (if Yes, explain)	
Anything else we need to know?	

PARENT / CARER / GUARDIAN CONTACT DETAILS + ALTERNATE CONTACT			
Name:		Relationship:	
Phone:		Email:	
Alternate contact person:		Alt. Contact Relationship	
Alt. Phone:		Alt. Email:	

SERVICE COST PER HOUR AND EXPLANATION		
Counselling (Private Therapy)	\$156.16	Private Counselling with a Qualified Therapist
Group Therapy (program of support)	\$78.08	Group Therapy with a Qualified Therapist and other participants
Workshops	\$156.16 / \$78.08	Choose a Workshop and either Private or Group Therapy

SERVICE REQUEST DETAILS			
Service requested 1:		Frequency: Select 1	
Game:		Game ID (username) optional	
Private Therapy? (1, 2, 3, or 4 hours): Selector		Add workshop:	
Device / Console		Counsellor Preferences:	

GOALS / FOCUSES / AREAS REQUIRING DEVELOPMENT	
Goal 1:	
Goal 2:	
Goal 3:	

SESSION PREFERRED DAYS / TIMES (AVAILABILITY)													
Time (Please put an X in the time you would like the session to start, can choose multiple)													
DAY	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Mon													
Tue													
Wed													
Thur													
Fri													
Sat													
Sun													

Support Coordinator Name:		Email:	
Support Coordinator Number:		Org:	
Plan Manager Name:		Email:	
Plan Manager Number:		Org:	

WHO DO WE SEND INVOICES TO?			
Name:		Role, Business etc.	
Email:		Phone:	

Declaration

Minds Support Network strives to provide a safe, private and supportive environment for online counselling within a gaming platform through the use of, where possible, private servers, secure file keeping, private rooms for our counsellors, and hired moderators to create private chat rooms. However, due to the inherent limitations of this format online, we cannot provide a 100% guarantee when

it comes to privacy and safety, As such you understand this fact and absolve Minds Support Network of all responsibility in instances,

You understand that Minds Support Network is a counselling and supportive gaming service only and not a replacement for when a psychologist and psychiatrist is required.

Here are some potential limitations and risks associated with using Minds Support Network:

- Limited control over participant environment: We cannot control your physical environment during sessions. This means we cannot intervene as effectively in situations of self-harm, harm to others, or injury caused by surrounding objects.
- Technical difficulties: Online platforms and games can experience technical issues like disconnections or lag. These interruptions could hinder communication and impact the effectiveness of the session.
- Limited non-verbal cues: Online counselling relies heavily on verbal communication. We may miss important non-verbal cues that could provide deeper insight into your emotional state.
- Privacy and security concerns: Gaming platforms is an internet based service which means it is at risk of hacking attempts. As such it may have limitations on data security and privacy. Though we do our utmost to provide private servers and private communication, and participant and data privacy, we cannot always guarantee complete confidentiality.

By using Minds Support Network's online gaming counselling and supportive gaming service, you acknowledge and accept the following:

Minds Support Network is not a substitute for professional in-person therapy or emergency services. We cannot be held liable for any harm or injury, including self-harm, harm to others, or property damage, that may occur during or after online counselling sessions.

You are solely responsible for ensuring your safety and well-being during online sessions.

Additionally: This disclaimer does not supersede the Minds Support Network Privacy Policy and Terms of Use, which you can find at <https://minds.care/terms/>. We encourage you to carefully review these documents before registering for our services. We recommend that individuals in crisis situations or with severe mental health concerns seek in-person specialist help from a qualified professional.

By registering for Minds Support Network's online gaming therapy service, you confirm that you understand and accept these limitations and risks.

PROGRAM OF SUPPORT FOR GROUP THERAPY

Please note: This program of support costs \$78.08 per hour. To continue, participants must request to renew their agreement every 6 months. You can exit the program at any time. Missed sessions will still be charged regardless of session cancellation notification. If you miss 4 consecutive sessions, your participation will be cancelled, and future payments will stop until you choose to re-enroll.

TO SUMMARISE

To the best of my knowledge the information in this document is true. Minds Support Network accepts no liability or responsibility to incidents that relate to circumstances beyond our control at the participants end such as but not limited to self-harm, harm to others, injury via office equipment and any property damage due to emotional stimuli during our sessions. Minds Support Network provides counselling and supportive gaming only as the participant or those registering the participant accept that under no circumstances Minds Support Network will be liable for any harm or injury of any type.

I accept the disclaimer, privacy policy, terms of use and consent to communication regarding my enquiry and I confirm my registration to use Minds Support Networks services and accept the terms and conditions as stated on <https://minds.care/terms/>

GROUP THERAPY PARTICIPANTS ONLY: Enter into a 'Program of Supports Agreement'

I agree to proceed with GROUP THERAPY with Minds Support Network and enter into a 'Program of Support' Agreement to work towards the therapeutic goals as outlined in this document at a cost of \$78.08 per hour. I understand I must request renewal every 6 months. I can exit the program at any time. Missed sessions will still be charged regardless of session cancellation notification. If I miss 4 consecutive sessions, my participation will be cancelled, and future payments will stop until I choose to re-enroll.

Name:	
Date:	
Signed:	

ALL PARTICIPANTS: Sign agreement to commence service

Name:	
Date:	
Signed:	

Minds Support Intake Form

Please complete and return the form to register@minds.care or your corresponding Minds Support Network agent

Name of Participant

General Health and Mental Health Information

Are you currently seeing a psychologist or counsellor?

- Yes
 No

If yes, what type?

Are you currently seeing any other allied health professional?

- Yes
 No

If yes, what type?

Have you previously received any type of mental health services?

- Yes
 No

If yes, what type?

Reason for previously receiving support?

Have you ever been on medication for your problem?

- Yes
 No
 N/A

Have you had any side effects on medication?

What are the main reason/s you are seeking support and any other information you think might be important?

How are you currently managing your problem?

Is there anything you find difficult talking about (Subjects, Words or phrases that would trigger you)? Feel free to use this space to write down your thoughts:

Family Mental Health History

Alcohol or Substance Abuse

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Anxiety Disorder

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Clinical Depression

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Domestic Violence

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Eating Disorders

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Obesity

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

OCD

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Suicide Attempts

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Bipolar Disorder

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Dementia

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

ADHD

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Autism

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

PTSD

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Self-Harm

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Narcissistic personality Disorder

- Mother
- Father
- Brother
- Sister
- Uncle
- Aunt
- Grandmother
- Grandfather
- Myself
- None of the Above

Anything else about your family history?

Do you have a history of self-harm, harming others, or damaging property? Yes No

If yes, please explain

If yes, are these on-going issues?

If yes, have these issues been addressed by a professional psychologist or psychiatrist in the past or through current treatment?

Additional Information

Do you consider yourself to be spiritual or religious?

- Yes
 No
 N/A

Does your belief system or religion affect therapy or medical intervention?

- Yes
 No
 N/A

If yes, please explain

What do you consider to be some of your Strengths?

What do you consider to be some of your Weaknesses?

What would you like to accomplish out of your time in therapy? (Write down some of your goals)

Tick the therapies or techniques that you would like to know more of or would be interested in (These are additional methods our counsellors can use to help the participants)

- | | |
|---|--|
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Mind Mapping | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Journalling | <input type="checkbox"/> Role-playing |
| <input type="checkbox"/> Vision Boards | <input type="checkbox"/> Fandom Discussion |
| <input type="checkbox"/> Healthy Relationship Education | |