



Initial Appointment Information

Documents

Please provide the following for the initial assessment

- Parent questionnaire (the one you completed)
- Teacher questionnaire
- Medical referral from your General Practitioner / referring doctor
- Relevant documents about your child that will help us, such as:
 - Assessment reports (e.g. from Psychologists / Therapists)
 - Consultation letters (e.g. from other doctors)
 - Medical test reports / pathology reports
 - Reports from school
 - Other current information – e.g. if your child is seeing a professional (such as a Speech Pathologist), please ask them for a brief summary of current issues and their management program.

We prefer **electronic copies** of these documents, such as PDF. If you have paper copies currently, you may wish to use a scanning application on your mobile device.

Please attach these documents and email them to us **prior to** your first appointment so we can read them. [admin@devmedconsulting.com.au]

If you are unable to do this, please make sure that you bring them along to your initial appointment. The doctor will want to read the information before meeting with you.

Who should attend

We ask that **both parents attend the initial appointments** (if both are involved in the child's care). If that is not possible, we request that both attend at least one of the initial two visits. If others are closely involved (e.g. grandparents), they are welcome to attend.

We ask this for two important reasons:

- Firstly, we would like to hear all points of view regarding what is going on. This enables us to get the greatest possible understanding of what is going on for your child.
- Secondly, we believe that the best outcomes for your child are achieved when everybody is working 'from the same page', with the same information, towards the same future goals.

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What to expect

The first visit (90 minutes) is to meet your child, and understand your concerns. How far we can proceed will depend on information available, and how complicated the issues are.

The second visit (60 minutes) is intended to offer an explanation to you regarding what is going on. This can lead to the discussion of options for what can be done.

The allocated time for these visits includes the time taken to read information provided. This means that face to face time will be a little less than the booked time.

Managing your child / teenager's experience

What to tell them:

Please consider what you tell your child about these consultations. Specifically, we ask that you discuss the purpose with them beforehand. If not, and the topic of conversation is unexpected and unwelcome for them, they may become upset. This may then interfere with the information we are able to obtain, and your child's willingness to work with us.

When talking to your child / teenager, the following points may assist :

- Our job as doctors is to help children who are finding aspects of day to day life difficult. This may be at home, school, with friends or elsewhere.
- As doctors, we try to understand what is going on. This is usually **not** the child's fault. Instead, it is usually just something the child finds genuinely hard, and may not be managing very well.
- To know what is going on, we need to talk about the issues. In doing so, we ask questions that do not seek to blame or otherwise criticise children.
- When we understand what is going on, we are usually able to use this information to help your child, and help you as parents in your support for them.

Including them in the conversation:

At the consultation, we try to include the child as much as possible. Their contribution to understanding the issues, along with their ideas on what to do, are important.

It may be, however, that you wish to discuss private matters without your child present. For this to be successful, please plan for managing your child alone in the waiting area. If they are old enough, they may be able to manage themselves (e.g. drawing, reading, music, playing on their device). If not, please bring somebody who can mind them during this time.

For older children, we usually spend time talking to the child/teen alone.