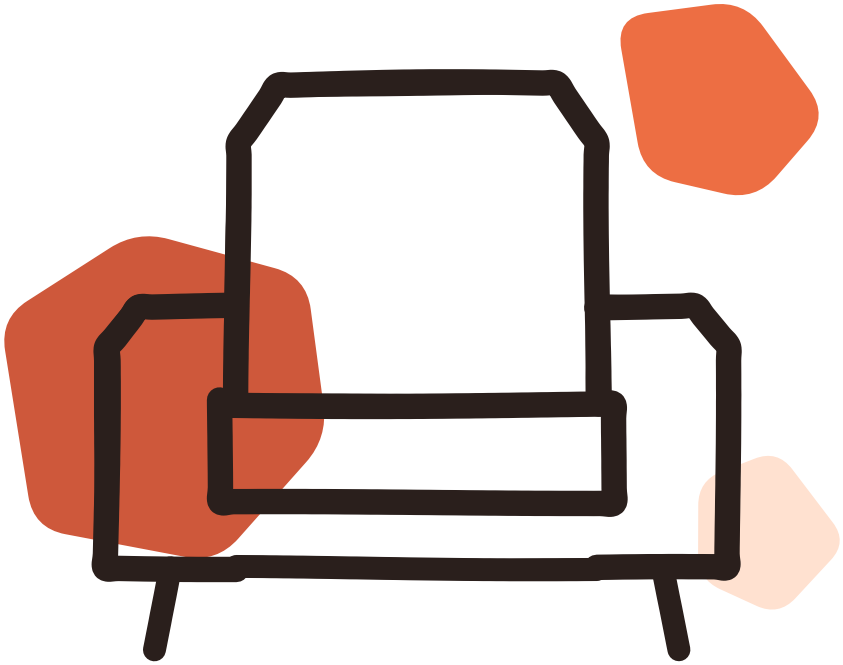
ORANGE ADHD

THERAPY GUIDE

Therapy

For adults and teens from 16 with ADHD

What happens, what it costs and what comes next. A guide to the Orange ADHD program, and to therapy for anxiety, low mood, stress and more.



- **A 10-session program built on CBT: 5 skill areas, in your order**
- **Medicare rebates with a Mental Health Treatment Plan**
- **A worksheet and a written summary after every session**
- **In the room in Orange, by video anywhere in Australia, or on a walk**

Glen Tanner · Clinical psychologist
Suite 5, 256 Anson Street, Orange NSW 2800

orangeadhd.com.au · 1300 411 025
Version 2, November 2026 · Fees from 28 October 2026

START HERE

Thinking about therapy?

Maybe you've just been diagnosed, and nobody told you what comes next. Maybe medication helps, but the week still falls apart. Or ADHD isn't the issue at all, and you're here for anxiety, low mood or stress. Whatever brought you here, this guide walks you through what therapy with me looks like, so there are no surprises.

How to use this guide

1. **See what the program covers**
   The 5 skill areas are on page 5, and how we choose where to start is on page 6.
2. **Pick how you'd like to meet**
   In the room, by video, or on a walk: page 9.
3. **Check the practical bits**
   Fees, Medicare and cancelling start on page 11.
4. **Keep it with you**
   Page 14 is your map: fill it in at your first session, and again at sessions 6 and 10.

Not sure if you have ADHD?

You don't need a diagnosis to start therapy. If you'd like an assessment, that's a separate guide, and we can talk about it at your first session.

Questions before you book?

Call 1300 411 025 or email admin@orangeadhd.com.au. Or start with 5 short questions at orangeadhd.com.au.

What's inside

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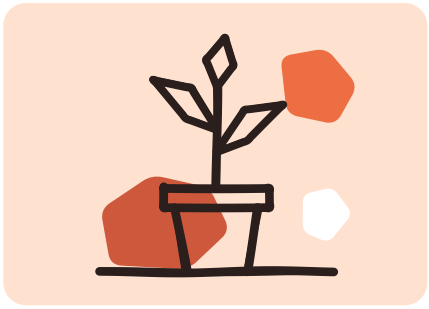
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START HERE

Why Orange ADHD?

The program is built for how an ADHD brain takes things in: one skill at a time, written down, and tried out in your own week. Here's what you can count on.



You don't have to hold it together

Come disorganised, come dysregulated. No performing, and no version of yourself put together in the car park first.

Working with your ADHD, not against it

Short chunks, written summaries, and strategies you can use on an ordinary Tuesday. Fidget, stand up, pace or bring a coffee.

A bad week doesn't send you back to the start

If things go sideways, we pick up from where you are and adjust the plan. That's built in, not a failure.

We keep checking it's helping

We set goals together, measure where you're starting, check in along the way, and change course if something isn't working.

Lived experience

I'm a clinical psychologist, and I have ADHD myself. I know the gap between knowing what to do and doing it.

Based on the evidence

Australia's ADHD guideline says cognitive behavioural therapy (CBT) should be offered to adults with ADHD[1]. My program follows 2 CBT programs that were tested in trials. What the research shows, and what it doesn't, is on **page 5**.

> **You won't be the only one in the room with ADHD.**
>
> — Glen

Whether or not you take medication, there's still the question of how to run a week with an ADHD brain. That's what we work on here.

START HERE



About Orange ADHD

I'm a clinical psychologist in Orange, and I was diagnosed with ADHD at 12. For most of my life, including much of my career, I treated it as something to hide. I masked constantly to fit in. It's exhausting, and if you're reading this, you might already know how exhausting.

I started Orange ADHD to stop doing that, and to build a practice where you don't have to hide either.

I see adults and teens from 16, one-on-one, for ADHD, and for anxiety, low mood and depression, OCD, phobias, stress, and the emotional and relationship side of all of it. The ADHD program is the heart of the practice, but it isn't the only door in.

Outside work, you'll often find me out running. Marathon training looks a lot like therapy: a plan, small steps, and turning up again after a bad week.

What you can expect from me

- ✓ Each session explained before we start it, and a plan you can see.
- ✓ A worksheet to take home, and a short written summary, after every session.
- ✓ Questionnaires at the start, along the way and at the end, so we both know whether it's working.
- ✓ If I'm not the right fit, I'll tell you, and suggest who might be.
- ✓ Breaks, movement and fidgets, whenever you need them.
- ✓ Honest feedback, even when it's not what you expected.
- ✓ Your information kept private, and shared only with your permission or where the law requires it.
- ✓ Respect for who you are, and how your brain works.

Glen Tanner
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Clinical psychologist

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Member, Australian Clinical Psychology Association (ACPA)

THE PROGRAM

Five skills. Your order.

A diagnosis explains a lot. Medication, if you and your prescriber choose it, can help with focus. Neither one is a set of skills for running a week with an ADHD brain. The program teaches those, in 5 skill areas. You probably know which one is hurting most, so that's where we start: not at chapter 1.



	Sounds like	We'd work on
Organise One place for everything	"Lists on my phone, my hand and the fridge" "I find things when it's already too late" "Bills, forms and emails pile up until something breaks"	One place for every task, one calendar, and a weekly review.
Time Plan it, start it, finish it	"I'm sure it'll take 10 minutes. It takes an hour." "Big tasks sit there for weeks" "I'm late more than I'd like, however hard I try"	How long things really take, what comes first, first steps for big tasks, and getting started.
Focus and sleep Set up your day, and your night	"Twenty tabs open, in my head and on the screen" "One ping and the whole task is gone" "Wired at midnight, wrecked at 7"	Distractions, your space, focus intervals, a fixed wake time and a wind-down.
Think it through Catch the thought, choose the action	"'I'm hopeless' plays on a loop" "I say yes, then regret it on the drive home" "One mistake and the whole day is ruined"	Thinking traps, more balanced ways of seeing things, and pause, plan, act.
Emotions and people Ride the wave, say what you need	"A small comment stays with me for days" "Anger or tears arrive before I know why" "I'm exhausted from acting normal"	Noticing and naming feelings, getting through a big one, rejection sensitivity, masking, and asking for what you need.

Your order, not mine. In your first session we put the 5 areas in order of what matters most to you, and rate how each one is going. That's your map, and it decides where we begin: **page 6**.

10 sessions, then more if you want. Your map, 8 skill sessions in your order, and your plan. That fits the 10 Medicare sessions a year, with up to 4 more if you want to go deeper: **page 7**.

Where it comes from, and what the research says

Australia's ADHD guideline says CBT should be offered to adults with ADHD[1]. The 5 areas follow 2 CBT programs for adult ADHD, by Safren and by Solanto, each tested in a trial[2,3]. In a review of 32 studies, adults' symptoms improved with CBT, which did better than comparison groups by a moderate margin[4]. In a trial of 86 adults already taking medication, 12 sessions of CBT helped more than 12 of relaxation and education[2].

Two caveats. A Cochrane review rated most of this evidence low in quality, with few long-term results[5]. And in the largest trial, of 433 adults, a group program did no better on symptoms than regular supportive appointments[6]. So I can't promise a result. We measure as we go, and change course if it isn't helping. A plan, not a script: we adapt it to you. The sources are on **page 8**.

THE PROGRAM

Your map: where we start

In your first session we make your map. It takes about 5 minutes, it's the most useful thing we do that day, and it decides where we begin.

1. **Sort** 5 cards
   Five cards, one for each area. You put them in order, from what matters most to you right now to what matters least. On video, the cards are on a web page you drag around.
2. **Rate** 0 to 10
   For each area: how is it going right now? 0 is no system for this at all. 10 is this works well for me. First instinct is fine.
3. **Plan** Together
   We look at the map. The shortest bar nearest the top is usually where we start. You get the map to keep, and we shade it again at sessions 6 and 10, so you can see what's moved.

AN EXAMPLE MAP: SAM'S



One row per area, in Sam's order of importance; the boxes show how it's going out of 10. Emotions matters most and is going worst, so that's where Sam starts. Focus and sleep is lower still, but Sam ranked it 4th, so it waits. Time is going well at 7, so it gets 1 session. (Sam is made up.)

A few things I'll usually suggest

- **Organise comes early if you rated it low.** The other skills need somewhere to live.
- **Sleep goes early if it's wrecked.** Everything is harder to learn on 5 hours.
- **Emotions goes first when it's what's stopping everything else.** There's no point planning a week you can't face.
- **Think it through usually comes after at least one practical skill,** so there's something real to think about.

Everything else is your order. If I suggest a change, you'll hear why, and the decision is made together.

How deep we go

Your top 3 areas usually get 2 sessions each, and the other 2 get 1. If the map says skip an area and go deeper on another, we do that. Sessions 11 to 14 are there if you want more.

Not just ADHD

For anxiety, low mood, OCD, phobias or stress, we still start by mapping what matters. The content follows what you need, using CBT and related approaches with good evidence behind them.

THE PROGRAM

The 10 sessions, step by step

The same steps for everyone, so you always know what's coming, and what it costs, before it happens. What fills the middle is your order.

1. **Get in touch** Under a minute
   Answer 5 short questions at orangeadhd.com.au, or call 1300 411 025. I read every form, and my reception manager will be in touch within 2 business days.

2. **Book your first session** $125 deposit
   A $125 deposit by card holds it, and the rest is charged after the session; if you'd rather not keep a card on file, you can book anyway and pay after each session. For a Medicare rebate, see your GP for a Mental Health Treatment Plan first. Two short forms arrive by email.

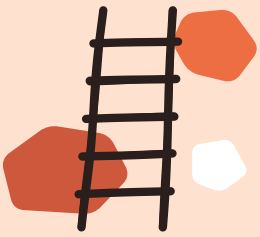
3. **Session 1: your map** 50 minutes
   In the room or by video. What's brought you here, what you'd like to change, a few short questionnaires, and the map. We go through the key points of the agreement together. Nothing to prepare.

4. **Sessions 2 to 9: the skills, in your order** Weekly or fortnightly
   Each session: one skill, a worksheet to take home, and a short written summary afterwards. From session 2, therapy can also be on a walk.

5. **Session 6: check-in** Map and questionnaires again
   We see what's moved and adjust the plan. If you're using Medicare, this is when you see your GP about a referral for the next 4 sessions. I send them a short report first.

6. **Session 10: your plan** Map again
   What's helped, the early warning signs, and what to do if things slip, written down. A report goes to your GP if you were referred.

7. **Going further** Sessions 11 to 14, optional
   Deeper into any area the map points to. Check-ins at 1, 3 and 6 months after we finish, if you'd like them.



What you take home

- **A worksheet** from every session, with a filled-in example and room to write.
- **A short summary** after each session, so nothing relies on memory.
- **Your map,** drawn at sessions 1, 6 and 10.
- **Your plan** for after we finish.

If it isn't working

The map and the questionnaires will show it, and so will you. We change course, or I'll suggest someone who might be a better fit.

At a glance

Get in touch	Session 1	Sessions 2 to 5	Session 6	Sessions 7 to 10	Going further
reply in 2 business days	your map · $250, $125 to book	your order	check-in · back to your GP	your plan at the end	sessions 11 to 14, optional

THE PROGRAM

What's in each area

The detail, for people who like to know what's coming. Each area is 1 to 3 sessions, depending on your map.

Organise

One place for everything

- One place for every task
- One calendar, and what goes in it
- The weekly review
- Paper, phone or both: what works for you

Time

Plan it, start it, finish it

- How long things really take
- What comes first
- First steps for big tasks
- Getting started, and if-then plans for the moments you stall

Focus and sleep

Set up your day, and your night

- Putting distractions off rather than fighting them
- Focus intervals
- Setting up your space
- A fixed wake time, a wind-down, and a place for worries

Think it through

Catch the thought, choose the action

- How thoughts, feelings and actions feed each other
- Catching the automatic thoughts
- Thinking traps, and more balanced views
- Pause, plan, act

Emotions and people

Ride the wave, say what you need

- Why emotions can hit harder and faster with ADHD
- Naming a feeling before it takes over
- Riding the wave
- Rejection sensitivity, and the cost of masking
- Saying what you need

Where the facts come from

Organise, Time, Focus and sleep, and Think it through follow the 2 CBT programs by Safren and by Solanto[2,3], with sleep strategies from the sleep-medicine guideline on insomnia[7]. Emotions and people uses skills from dialectical behaviour therapy[8] and research on emotions in ADHD[9]; for ADHD, it's the least-tested part of the program. Rejection sensitivity is a real experience for many people with ADHD, though it isn't a formal diagnosis, and I'll say so plainly. The small numbers in this guide point to the sources below, each checked against its published record in November 2026.

1. Australian ADHD Professionals Association. Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD). Melbourne: AADPA; 2022 [cited 2026 Nov]. Available from: adhdguideline.aadpa.com.au
2. Safren SA, Sprich S, Mimiaga MJ, et al. Cognitive behavioral therapy vs relaxation with educational support for medication-treated adults with ADHD and persistent symptoms: a randomized controlled trial. JAMA. 2010;304(8):875–880. doi:10.1001/jama.2010.1192
3. Solanto MV, Marks DJ, Wasserstein J, et al. Efficacy of meta-cognitive therapy for adult ADHD. Am J Psychiatry. 2010;167(8):958–968. doi:10.1176/appi.ajp.2009.09081123
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9. Shaw P, Stringaris A, Nigg J, et al. Emotion dysregulation in attention deficit hyperactivity disorder. Am J Psychiatry. 2014;171(3):276–293. doi:10.1176/appi.ajp.2013.13070966
10. Department of Health, Disability and Ageing. Better Access initiative: changes from 1 November 2025. Medicare Benefits Schedule: item 80010, benefit from 1 July 2026. Canberra: Australian Government; 2026 [cited 2026 Nov]. Available from: health.gov.au and mbsonline.gov.au

THE PROGRAM

Different ways to meet, for people who think differently.

Your week changes. How we meet can too. You can switch between the room and video at any time, and mix them.



Face to face

In the room, in Orange

In my room on Anson Street: Suite 5, 256 Anson Street, on the ground floor with wheelchair access. Fidget, stand up, pace, bring a coffee, whatever helps you think. Nobody here needs you to sit still.



Screen to screen

Telehealth, anywhere in Australia

By secure video, from wherever you are in Australia. For when getting to an appointment is the hardest part of having one. You'll need a phone or laptop and somewhere private. Same length, same fee, same Medicare rebate as the room.



Side by side

On a walk, in a nearby park

Walking and talking in a park a few minutes from town. For when sitting still is the problem, or talking is easier without eye contact.

About walking sessions

- **From your second session.** The first is in the room or by video, so we can go through the paperwork and make a plan together.
- **For therapy, not assessments.**
- **If we pass someone you know,** we'll have agreed beforehand what you'd like to do: say hello and keep walking, or pause until they've passed. I won't say hello first.
- **Weather turns?** We meet in the room or by video at the same time instead.
- **Medicare:** a walk is rebated when I've recommended it for clinical reasons and noted why (a different item, with a slightly higher rebate). A walk you'd simply prefer is a private session at the full fee. I'll tell you which before you book.

Video sessions, in brief

- Your link comes the day before. It's just for you, and it stays the same every time.
- A web browser works. You don't need an app.
- Somewhere private, and headphones if you have them.
- At the start, I'll ask where you are, in case of an emergency.
- If the call drops, I'll try to reconnect, then call your mobile.

Video is covered by the agreement you sign at the start, so switching later needs no extra forms.

BEFORE YOUR FIRST SESSION

Your first session, and getting ready

The first session is a conversation, not a test. We talk about what's brought you here and what you'd like to change, I explain the key points of the agreement, and we make a plan.

Before

- [ ] Fill in the 2 short forms from your welcome email: your details, and the therapy agreement. About 15 minutes all up, and you can save and come back.
- [ ] **For a Medicare rebate:** see your regular GP for a Mental Health Treatment Plan and a referral. Your GP usually sends it to me directly.
- [ ] Have your Medicare card handy, and the name of someone I can call in an emergency.
- [ ] If you have past reports, a diagnosis letter or a list of your medications, bring them along. Photos on your phone are fine.
- [ ] **Taking medication?** That stays between you and your prescriber. I don't prescribe, but I'll ask what you take, so I have the full picture.
- [ ] Put your sessions in your calendar, with reminders. I'll send reminders too, 3 days before and the day before.

On the day

- [ ] Come as you are. There's nothing to prepare, and nothing to pass or fail.
- [ ] Bring water, and anything that helps you feel calm or focused, such as a fidget.
- [ ] **By video:** a private space, a charged device and a good connection.
- [ ] Running late? Come anyway. We'll still finish on time.
- [ ] A support person is welcome, if you'd like one there.

Under 18?

I see young people from 16. At 16 or 17, you can usually agree to therapy yourself, and we'll talk about whether to involve a parent. If a parent is involved, there's a short extra form for them.

Stuck on a form?

Call 1300 411 025 and we'll do it together, or email admin@orangeadhd.com.au. Lots of people ask for help with forms.

How a session runs, from session 2

First 10 minutes: how the week went, and what happened with last session's worksheet. If it didn't happen, that's useful too.

The middle: one skill, explained and practised on something real from your week.

Last 10 minutes: what you'll try, written down, and when we next meet.

FEES AND FUNDING

Fees and Medicare

One fee, however we meet. Medicare pays back more than half of it for up to 10 sessions a year, with a referral.

The fee

A 50-minute session, in the room, by video or on a walk	**$250**
With a Health Care Card or Pensioner Concession Card	**$200**
Deposit to book your first session, part of the first fee	**$125**

I don't bulk bill. Show me your concession card at your first session. Fees from 28 October 2026.

With Medicare

Medicare pays back, per session (from 1 July 2026)	**$149.05**
Your out-of-pocket cost	**$100.95**
Your out-of-pocket cost with a concession card	**$50.95**

The same rebate in the room, by video or by phone[10]; for walking sessions, see page 9. I lodge the claim for you after each session, and Medicare pays it into your bank account.

How Medicare works for therapy

- **You need a referral:** a Mental Health Treatment Plan from your regular GP, or a referral from a psychiatrist or paediatrician. You might know the plan as a Mental Health Care Plan.
- **Your regular GP** is a GP at the practice you're registered with through MyMedicare, or the GP you usually see.
- **Up to 10 sessions each calendar year.** Your GP refers you for up to 6 first, then reviews how you're going and can refer you for 4 more.
- **The plan doesn't expire.** Each course of sessions needs its own referral, not a new plan.
- **Sessions count in the year you attend them.** A referral from December still works in January, and those sessions count towards the new year's 10.
- **No referral?** You can still book, and pay the full fee.

Private health

Some extras policies pay part of the fee. Check with your fund. You can't claim your fund and Medicare for the same session.

Other funding

DVA, with a GP referral. The NDIS, if you're self- or plan-managed. Chronic condition management plans from your GP (item 10968): up to 5 sessions a year, rebate $63.40.

Rebates change

Medicare amounts change each 1 July. I'll confirm them before you book, and the current figures are always at orangeadhd.com.au.

FEES AND FUNDING

Paying, changing and cancelling

Clear rules, so there are no surprises. If something comes up, just let me know.

How paying works

1. **$125 deposit** to book your first session
   Paid by card over the phone when you book. Your card is saved securely for later sessions, or you can pay by EFTPOS or cash after each session instead.
2. **The rest of the first fee** after the first session
   $125, or $75 with a concession card.
3. **The full fee** after each later session
   Charged to your saved card, or paid by EFTPOS or cash before you leave. I email you a receipt, and lodge your Medicare claim if you have a referral.

Example: 10 sessions with a referral

10 sessions at $250	**$2,500**
Medicare pays back 10 × $149.05	**$1,490.50**
Your cost over the program	**$1,009.50**

With a concession card: $509.50 over the program.

Nothing here limits your rights under Australian Consumer Law.

Changing or cancelling

- **Your first session:** any notice before the time is fine. Your deposit carries over to the new time, or comes back to you. I keep it only if the session is missed without a word.
- **From your second session, give 48 hours' notice** to cancel or move it, and there's no charge. Call 1300 411 025, email admin@orangeadhd.com.au or reply to a reminder text.
- **With less than 48 hours' notice,** or if you miss a session, the fee still applies, and Medicare doesn't rebate it. If I can fill your time, there's no charge.
- **Illness or an emergency?** Let me know. I'll always consider waiving the fee.
- **Can't make it in person?** We can often switch to video instead, at the same fee.
- **If I need to cancel,** you won't be charged, and we'll find a new time.
- **Running late?** Come anyway. We'll still finish on time, and the full fee applies. A session shorter than 50 minutes gets a smaller Medicare rebate, or none.
- **Reminders** come 3 days before and the day before. To move a session without a fee, reply to the 3-day reminder.

Stopping, pausing, coming back

You can stop at any time, and you only ever pay for the sessions you've had. If life gets in the way, we can pause and pick up where we left off. You're welcome back any time; for a Medicare rebate, you may need a new referral.

THE PRACTICAL BITS

Between sessions, and your privacy

Sessions are where we plan. The week in between is where you try things out. Here's how that works, and what happens to what you tell me.

Between sessions

- **A worksheet** from each session, to try during the week. Short bursts are fine. If it didn't happen, that's useful information too, not a failure.
- **A short summary** after each session: what we talked about, what you're trying this week, and when we next meet. By email or on paper, your choice.
- **The worksheets** are on a password-protected page on my website; the password comes at your first session. The handouts are free on the resources page, for anyone.
- **Messages:** I check them in business hours and reply within 2 business days. I'm not an emergency service. If you need help now, the numbers are on the back page.

What your GP hears from me

If you were referred, Medicare asks me to write to your GP after each course of sessions, usually after session 6, and at the end. I keep it to what they need to know, and you can see what I've written. If you'd like me to write to a psychiatrist, school or employer, that's a separate consent, and only with your say-so.

Your file

You can ask to see what's in your file at any time, and to have anything that's wrong corrected. Privacy law gives you that right. Ask me, and we'll go through it together if you'd like.

Your privacy

What you tell me stays between us, with a few exceptions that apply to every psychologist: if you agree to me sharing it, if I'm seriously worried about your safety or someone else's, if a child may be at risk, or if the law requires it. The agreement you sign sets these out in full.

Your records are kept in Zanda, my practice software, on servers in Australia, for at least 7 years. Email and text are convenient but not completely secure, so session summaries stay brief and practical.

The AI note-taker: your choice

With your agreement, I use NovoNote, an AI note-taker made for psychologists, to help write my session notes. It records the audio, makes a transcript, and deletes the recording. I check every line before anything goes in your file, and transcripts are deleted after 30 days. Saying no changes nothing about your care or your fee. I'll check with you at the start of every session, and I don't use it on walks.

Around Orange

If we see each other around town, I won't say hello first, to protect your privacy. You're welcome to say hi, or not. Either is fine.

KEEP THIS PAGE

My map

Fill this in at your first session, then again at sessions 6 and 10. Write the 5 areas in your order, most important first, and shade in how each one is going out of 10. The shortest bar nearest the top is usually where we start.

1	.....	Session 1	/ 10
		Session 6	/ 10
		Session 10	/ 10
2	.....	Session 1	/ 10
		Session 6	/ 10
		Session 10	/ 10
3	.....	Session 1	/ 10
		Session 6	/ 10
		Session 10	/ 10
4	.....	Session 1	/ 10
		Session 6	/ 10
		Session 10	/ 10
5	.....	Session 1	/ 10
		Session 6	/ 10
		Session 10	/ 10

Where we started, and what I'm trying.

My 3 goals. We write these at session 1 and come back to them at sessions 6 and 10.

On video? The map is a web page: the same cards and ratings, and a short code at the end. Read it out or paste it into a message, and I'll keep it with your notes. At your check-in, paste it back in to see what's moved.

QUESTIONS

Questions people ask

Do I need a diagnosis to start?

No. You're welcome whether you've been diagnosed, think you might have ADHD, or aren't sure. If you'd like an assessment, we can talk about that at your first session.

I'm already diagnosed and on medication. Is there any point?

Yes. One of the 2 programs this is built on was tested with adults who were already taking medication and still had symptoms[2]. Medication is your prescriber's area. Skills for running a week are what we work on here.

Do I need a referral?

No. You can book without one and pay the full fee. A referral is only needed for the Medicare rebate.

How many sessions will I need?

The program is 10: your map, 8 skill sessions in your order, and your plan. Up to 4 more if you want to go deeper. For other concerns, we agree a plan at the first session and review it as we go.

Do we have to do all 5 areas?

No. Your map decides. Some people skip an area that's already going well and go deeper on another.

How often do we meet?

Weekly to start, while a skill is new, then fortnightly if that suits. We decide together.

Can I just have a few sessions?

Yes. Some people come for a specific problem, or a top-up. You only ever pay for the sessions you have.

What if I don't do the homework?

Then we talk about what got in the way, which is often the most useful part of the session. Not doing it is information, not a failure.

Can I switch between the room and video?

Yes, at any time. Your first session is in the room or by video, and walking is an option from the second session.

Can you prescribe medication?

No. Psychologists in Australia can't prescribe. In NSW, ADHD medication is started by a psychiatrist, a paediatrician, a neurologist, or a GP with extra training approved by NSW Health. I'm happy to work alongside your doctor.

Do you see people for things other than ADHD?

Yes: anxiety, low mood and depression, OCD, phobias, stress, and emotional and relationship difficulties, with or without ADHD.

Can I bring someone with me?

Yes, if you'd like. Just let me know beforehand, so I can check they're happy with the note-taker too.

Do you use AI?

With your permission, I use an AI note-taking tool, NovoNote, to help write my notes. I check every word, and the fee is the same either way. See page 13.

What happens to my information?

I keep it private and secure, and share it only with your permission or where the law requires it. Full details at orangeadhd.com.au/privacy.

Can we use an interpreter?

Not at the moment. Sessions are in English.

What if I'm not happy?

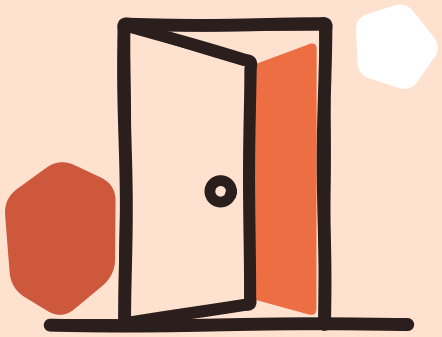
Please tell me, so I can try to put it right. You can also contact the NSW Health Care Complaints Commission on 1800 043 159, or 02 9219 7444 from outside NSW.

How soon can I start?

It depends on demand. When you get in touch, I'll tell you the next available dates. Current wait times are at orangeadhd.com.au.

ORANGE ADHD

Starting is often the hardest part. And you already have.



5 short questions, under a minute. I read every one, and my reception manager will be in touch within 2 business days, by call, text or email, whichever you choose.

Online
orangeadhd.com.au
5 short questions, under a minute

Phone
1300 411 025
Call, or leave a message

Email
admin@orangeadhd.com.au
For questions and forms

Where

Suite 5, 256 Anson Street
Orange NSW 2800
Ground floor, with wheelchair access

For referrers

Fax referrals and Mental Health Treatment Plans to **02 8322 8002**, or email admin@orangeadhd.com.au.

If you need help now

Lifeline **13 11 14** · 13YARN **13 92 76** (support for Aboriginal and Torres Strait Islander people) · NSW Mental Health Line **1800 011 511** · In an emergency, call **000**

Glen Tanner · BPsychSc (Hons), MClinPsych, MAPS · Clinical psychologist · Registered with the Psychology Board of Australia, PSY0002039270.

This guide is general information, not advice about your situation. Fees from 28 October 2026, and they may change: check orangeadhd.com.au for current fees. Medicare amounts as at 1 July 2026. Medication is a prescriber's area: this guide says who prescribes, and leaves the rest to them. The sources are numbered on page 8. The photo of Glen was taken in his room in Orange. © 2026 Orange ADHD. Version 2, November 2026.