# 

# Bendigo Psychology

# REferral for NEUROPSYCHOLOGY services

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| **Please enter**  **referral date here:** | **Name of person making referral:** | | | | | **Alternative contact person:** | | | | | | **Name of Agency:** | |
| **Phone No:** | | | | | **Phone No:** | | | | | | **Location:** | |
| **Email:** | | | | | **Email:** | | | | | |
| client INFORMATION | | | | | | | | | | | | | |
| **SURNAME:** | | | | **FIRST NAME:** | | | | | | **MIDDLE NAME:** | | | **DOB:** |
| **Occupation:** | | | | | **Gender:** | | | **Best contact phone no:** | | | | | |
| **Nationality:** | | | **Is English their first language?** | | | | | | | | **Can the person read and write? *(excellent, average, fair, poor)*** | | |
| **Does the person identify as being Aboriginal or Torres Strait Islander?** | | | **Is an interpreter required?** | | | | | | | | **Level of comprehension. *(excellent, average, fair, poor)*** | | |
| **Does the client have any physical disabilities? If yes, provide details.** | | | **Does the client have any mental health concerns? If yes, provide details.** | | | | | | | | **Is this client registered with Intellectual Disability Services?** | | |
| **Is there current police involvement?**  **If yes, please provide details.** | | **Does the person have a criminal record?**  **If yes, please provide details.** | | | | | **If applicable, is the person a registered Sex Offender?** | | | | | | |
| **Children involved: First name** | | **Surname** | | | | | **DOB** | | **Gender** | | **Relationship to person above** | | |
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| **TYPE OF SERVICE REQUESTED  *Please highlight service requested below*** | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Neuropsychology** | **Parenting Capacity** | **Cognitive assessment** | **Other – please specify** | | | | | | | | | | | | | | |  | **Other** |
| **REASON FOR REFERRAL *Please provide details below*** | | | | | | | | | | | | | |
| **Please include the following information: Current issues; historical information. What are the Agency’s concerns? Any other information you wish to include or attach including court reports, criminal history etc.**  **Please provide as much information as possible.**  **ESSENTIAL PLEASE DO NOT LEAVE BLANK**  **What are your specific questions you wish to have answered in the report:** | | | | | | | | | | | | | |
| **Do you want Bendigo Psychology to include recommendations in the report? Y N**  **If yes, what type of recommendations (e.g. supportive needs, education)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **ASSESSMENT TEAM** | | | | | | |  |  |  |  | | --- | --- | --- | --- | | **Sighted by (please print):**  **Sign:** | **Date:** | **Accepted/Declined and Reasoning** | **Assessment dates and times offered:** | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **CONFIRMATION OF BOOKING** | | | | | | |  |  |  |  | | --- | --- | --- | --- | | **Bendigo Psychology:** | **Date:** | **Secured assessment date and time:** |  | | | | | | |  | | | | | | | | | | | | | | | | | | |