# 

# 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:** | | | | | |  | |
| **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*** | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Cognitive assessment**  **(I Q test)** | **Autism**  **(ASD)** | **ADHD** | **Functional – Adaptive Behavioral 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)** | | | | | | | | | | | | | |
| Account Information: | | | | | | | | | | | | | |
| **Who is responsible for invoice:**  **Name:**  **Email:**  **Contact :**  **NDIS Details: Plan No:**  **( if applicable) Plan dates:**  **Plan Manager email:** | | | | | | | | | | | | | |