#

# 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*** |
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|  **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:** |