

# **Neuropsychology and Psychology Referrals**

## **REFERRER**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email/Other \_\_\_\_\_

Contact: \_\_\_\_\_

## **CLIENT DETAILS**

Referral

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Sex (Circle):      Male/Female/Not Known

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email/Other \_\_\_\_\_

Contact: \_\_\_\_\_

Language: \_\_\_\_\_

Is the person of Aboriginal or Torres Strait Islander origin (Circle)?

Yes/No

Referral for:

- Neuropsychological Assessment
- Psychological Therapeutic Services
- Group Cognitive Training Program

Referral Question: (i.e., Diagnostic clarification, baseline assessment, recommendations, psychosocial education and feedback, memory training program, therapeutic treatment)

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Neuropsychological Complaints (i.e., memory, concentration, communication, visuo-spatial, executive, behaviour, personality):

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Previous cognitive testing results (i.e., Screen type, previous neuropsychology assessment, score and date of assessment):

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Functional Difficulties (i.e., work, study, driving, independent living, law, relationships):

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Neurological History (i.e., head injury, stroke, other acquired brain injury, learning disorder, attention deficit disorder, suspicion of dementia, other):

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Substance Use history (i.e., significant alcohol, cannabis, stimulant, opiate, cigarette or other drug use):

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Previous or current Mental health diagnosis/treatment (i.e., depression, anxiety or other):

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Current Medications (i.e., antidepressants, anti-anxiety, antipsychotic, other):

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Other relevant comments:

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**Note:**

- Referral for Neuropsychology Assessment for decision making capacity is currently not available.
- Referral for Complex Psychiatric conditions and Personality Disorders is currently not available.