

Neuropsychological Assessment Referral Form

Patient Details: Name: DOB: Phone: Email: Address:	Referrer Details: Name: Phone: Fax: Email:								
Reason for referral (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Diagnostic clarification Evaluate current strengths/ limitations Decision-making capacity Establish a cognitive baseline Comparison to prior assessment Pre-surgical evaluation </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Treatment/ rehabilitation recommendations Return to work assessment Return to driving assessment Work or educational considerations Evidence to support NDIS application Evidence to support DSP application </td> </tr> </table>		Diagnostic clarification Evaluate current strengths/ limitations Decision-making capacity Establish a cognitive baseline Comparison to prior assessment Pre-surgical evaluation	Treatment/ rehabilitation recommendations Return to work assessment Return to driving assessment Work or educational considerations Evidence to support NDIS application Evidence to support DSP application						
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Presenting Concerns (check all that apply): <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 25%;">Cognitive</th> <th style="text-align: left; width: 25%;">Psychological</th> <th style="text-align: left; width: 25%;">Motor</th> <th style="text-align: left; width: 25%;">Medical (history of)</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> Memory Attention Processing Speed Executive Function Speech/ Language Visuospatial skills Judgement/ insight </td> <td style="vertical-align: top; padding: 5px;"> Depression Anxiety Personality change Substance misuse Sleep impairment Other: </td> <td style="vertical-align: top; padding: 5px;"> Gait change Recent Falls Tremor Other: </td> <td style="vertical-align: top; padding: 5px;"> Delirium Stroke Head Injury Toxic exposure Anoxia/ Hypoxia Dementia (family hx) Other: </td> </tr> </tbody> </table>		Cognitive	Psychological	Motor	Medical (history of)	Memory Attention Processing Speed Executive Function Speech/ Language Visuospatial skills Judgement/ insight	Depression Anxiety Personality change Substance misuse Sleep impairment Other:	Gait change Recent Falls Tremor Other:	Delirium Stroke Head Injury Toxic exposure Anoxia/ Hypoxia Dementia (family hx) Other:
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Additional information regarding referral: 									
<p><i>*Please fax or email all relevant medical records, medication profiles, neuroimaging studies, and/or results of any lab work. Thank you for the referral.</i></p>									

Lorryn Delle Baite
Clinical Neuropsychology Services

Emotional Health Unit
Level 7, Salmon Building, Raymond Terrace
South Brisbane QLD 4101

P 07 3163 6102 | F 07 3163 6122 | ehu.private@mater.org.au
ABN 75 830 277 356

