South Eastern Sydney Local Health District

Facility: Adahps

REFERRAL FOR NEUROPSYCHOLOGICAL ASSESSMENT

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Email to: SESLHD-ABC@health.nsw.gov.au

Date of Referral: _____/_____/_____

CLIENT DETAILS

Sex at Birth: ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown ☐ Not Specified

Gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Gender Nonconforming ☐ Prefer not to say

Country of Birth:	Phone:
Preferred language:	Interpreter required? ☐ Yes ☐ No

Aboriginal and/or Torres Strait Islander origin? ☐ Yes ☐ No ☐ Decline to respond ☐ Unknown

If yes → ☐ Aboriginal origin ☐ Torres Strait Islander origin ☐ Both

Medicare Number:	Valid to:

REFERRER DETAILS

Name:	Organisation:
Address:	
State: Postcode:	Phone:
Email:	

REASON FOR REFERRAL / HISTORY OF COGNITIVE PROBLEMS

GUARDIANSHIP / FINANCIAL MANAGEMENT

Indicate whether Guardianship or Financial Management Orders are being sought

HIV HISTORY

Date of Diagnosis:

Past opportunistic infections (and dates if known):

Most recent CD4 count and viral load (Provide pathology results if possible):

Nadir (lowest ever) CD4 count and date:

Current medications and how long have been prescribed:

Past CT/MRI brain scans (Provide a copy of report if possible):

SES010206

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

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SES010.206

NHSIS1146A 070224

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OTHER RELEVANT MEDICAL HISTORY

Neurological:

Psychiatric:

Drug & Alcohol:

Co-morbid conditions (e.g. Hepatitis C):

Other:

OTHER RELEVANT INFORMATION

Anything else you consider relevant?

WORK HEALTH & SAFETY

The referrer should locate a suitable room for conducting the assessment.

Neuropsychological assessments will not be conducted in people's homes.

Are you aware of any safety concerns in seeing this client? ☐ Yes ☐ No
If Yes, list:

Will the assessment take place in a safe health facility? ☐ Yes ☐ No

Will there be other staff nearby? ☐ Yes ☐ No

Is the furniture in the room arranged/able to be arranged so that clinician seating is closest to the door? ☐ Yes ☐ No

NO WRITING