NHSIS1146A 070224

| CLIENT DETAILS   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Sex at Birth:  | e 🗌 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  If yes → ☐ Aboriginal origin ☐ Torres Strait Islander | ☐ Decline to respond ☐ Unknown 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):

**FAMILY NAME** 

**GIVEN NAME** 

D.O.B.

**ADDRESS** 

LOCATION / WARD

South Eastern Sydney Local Health District

REFERRAL FOR NEUROPSYCHOLOGICAL

**ASSESSMENT** 

Email to: <u>SESLHD-ABC@health.nsw.gov.au</u>

Facility: Adahps

Date of Referral:

REFERRAL FOR NEUROPSYCHOLOGICAL ASSESSMENT

SES010.206

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MRN

M.O.

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

☐ MALE

☐ FEMALE

| Co-morbid conditions (e.g. Hepatitis C):    Co-morbid conditions (e.g. Hepatitis C):    Co-morbid conditions (e.g. Hepatitis C):    Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Other:   Co-morbid conditions (e.g. Hepatitis C):   Other:   Other   | South Eastern Sydney Local Health District |  | FAMILY NAME                         |               | MRN          |             |
|--|--|--|-------------------------------------|---------------|--------------|-------------|
| REFERRAL FOR NEUROPSYCHOLOGICAL ASSESSMENT  OTHER RELEVANT MEDICAL HISTORY  Neurological:  Drug & Alcohol:  Drug & Alcohol:  Drug & Complete all Details Or AFFIX PATIENT LABEL HERE  OTHER RELEVANT INFORMATION  Arrything 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    Will there be other staff nearby?   Yes   No  |  |  | GIVEN NAME                          |               | □ MALE □     | FEMALE      |
| REFERRAL FOR NEUROPSYCHOLOGICAL ASSESSMENT  OTHER RELEVANT MEDICAL HISTORY  Neurological:  Psychiatric:  Drug & Alcohol:  Drug & Alcohol:  Other:  Other:  Other:  Other:  Other:  Other:  Other Relevant information Anything else you consider relevant?  Will the assessment take place in a safe health facility?   Yes   No   No   Will there be other staff nearby?   Yes   No   No   Will there be other staff nearby?   Yes   No   No   Will there be other staff nearby?   Yes   No   No   Will there be other staff nearby?   Yes   No   No   No   No   No   No   No   N   | Facility                                   | · Adahne                                       | D.O.B//                             | M.O.          |              |             |
| NEUROPSYCHOLOGICAL ASSESSMENT  COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE  OTHER RELEVANT MEDICAL HISTORY  Neurological:  Psychiatric:  Drug & Alcohol:  Co-morbid conditions (e.g. Hepatitis C):  Other:  Other:  OTHER RELEVANT INFORMATION  Anything else you consider relevant?  Will the assessment take place in a safe health facility?   Yes   No  Will there be other staff nearby?   Yes   No  | acility                                    | . Adanps                                       | ADDRESS                             |               |              |             |
| ASSESSMENT  COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE  Paychiatric:    Psychiatric:   |  | REFERRAL FOR                                   |                                     |               |              |             |
| OTHER RELEVANT MEDICAL HISTORY  Neurological:  Psychilatric:  Drug & Alcohol;  Co-morbid conditions (e.g. Hepatitis C):  Other:  Other:  OTHER RELEVANT INFORMATION  Arrything 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  Will the assessment take place in a safe health facility?   Yes   No  Will there be other staff nearby?   Yes   No   | NE   | UROPSYCHOLOGICAL                               | LOCATION / WARD                     |               |              |             |
| Psychiatric:   |  | ASSESSMENT                                     | COMPLETE ALL DETAILS                | OR AFFIX P    | ATIENT LABEL | . HERE      |
| Psychiatric:  Drug & Alcohot:  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?   Ves   No    Will the assessment take place in a safe health facility?   Yes   No    Will there be other slaff nearby?   Yes   No  |  |  |                                     |               |              |             |
| Drug & Alcohol:    Co-morbid conditions (e.g. Hepatitis C):   VRITING   VRIT | Neurologic                                 | al:  |                                     |               |              |             |
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| Are you aware of any safety concerns in seeing this client?  |  |  | ucting the assessment.              |               |              | 010         |
| Are you aware of any safety concerns in seeing this client?  |  |  |                                     |               |              | 206         |
| If Yes, list:  Will the assessment take place in a safe health facility? ☐ Yes ☐ No  Will there be other staff nearby? ☐ Yes ☐ No  |  |  |                                     |               |              |             |
| Will there be other staff nearby? ☐ Yes ☐ No   |  | , , , =================================        |                                     |               |              |             |
| Will there be other staff nearby? ☐ Yes ☐ No   |  |  |                                     |               |              |             |
|  | Will the as:                               | sessment take place in a safe health facility? | ☐ Yes ☐ No                          |               |              |             |
| Is the furniture in the room arranged/able to be arranged so that clinician seating is closest to the door?   Yes   No   | Will there b                               | pe other staff nearby?   Yes   No              |                                     |               |              |             |
|  | Is the furni                               | ture in the room arranged/able to be arranged  | d so that clinician seating is clos | est to the do | or?  Yes     | No          |

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