Referral Questionnaire

Thank you for enquiring about our Case Management and/or Treating Psychology service. In order for us to progress your query in the most efficient manner, please complete the below questionnaire and return to [admin@psychworks.org.uk](file:///C:\Users\keeny\Desktop\admin@psychworks.org.uk)

Please note that Associate input will be available when agreement to funding has been provided, and signed terms and conditions received from the commissioning parties (as per questions 24a and 24b).

Thank you for referring to PsychWorks Associates.

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| --- | --- |
| Date of referral: |  |
| Referrer contact name: |  |
| Referrer contact email address: |  |
| Referrer contact phone number: |  |
| Service being sought:  *(please delete as appropriate)* | Case management – paediatric  Case management – adult  Treating psychology – paediatric  Treating psychology – adult |

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| --- | --- | --- |
|  | **Question** | **Answer (please be as detailed as possible)** |
| 1 | Date of birth of client |  |
| 2 | Name of client |  |
| 3 | Gender of client | F / M  *(please delete as appropriate)* |
| 4 | Address of client, including postcode |  |
| 5 | Telephone contacts for key family members  *Please note these will only be used upon agreement to assessment and receipt of signed terms and conditions* |  |
| 6 | Clients preferred meeting via Zoom? Face to Face? Or both? |  |
| 7 | Date of injury  If applicable, status | Date:  Settled / Unsettled *(please delete as appropriate)* |
| 8 | Brain injury type, i.e. Injury at birth, traumatic brain injury, systemic illness like meningitis etc |  |
| 9 | Brief detail of injury |  |

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| --- | --- | --- |
| 10 | What is the main clinical question(s) for the psychologist? | *Psychology referrals only* |
| 11 | How does the client present? Eg communication, mobility, cognitive impairment, emotions, behaviour, pain, fatigue etc | *(please add as much detail as possible here)* |
| 12 | Any significant issues in family, i.e. poor mental health, social and economic issues, housing |  |
| 13 | Please advise if there are any specific issues/elements to be aware of that would be helpful for the clinician to know in advance of starting work e.g. accommodation access issues, risk issues, parental discord |  |
| 14 | Who lives at home with the client – family?  Care team?  Any pets? |  |
| 15 | Education – mainstream or specialist school | Mainstream / Specialist / Not applicable  *(please delete as appropriate)* |
| 16 | Name & address of school  EHCP? | *(If applicable)* |
| 17 | Medical/MDT professionals currently involved - name & capacity  *Where possible please provide relevant copies of medical, allied health, and psychological reports* |  |
| 18 | Name & address of GP |  |
| 19 | Case Manager details (if not referrer) |  |
| 20 | Solicitor details (if not referrer) |  |
| 21 | Expert witness details/other reports available?  *If disclosable and helpful for rehabilitation.* |  |
| 22 | Please detail any statutory agencies involved?  i.e. social services, support workers etc |  |
| 23 | If social services are involved, please detail the reasons  i.e. client protection, to provide respite, resources via statutory services, etc |  |
| 24a | Are funding arrangements in place? | YES / NO  *(please delete as appropriate)* |
| 24b | Invoices to | Name:  Firm:  Email:  Tel: |
| 25 | Where did you hear about PsychWorks Associates? |  |

\*\*Please return password protected using password: PsychWorks\_Referral\*\*

Please note:

Assessments will usually take place at the most appropriate location for the client (normally the home address). Travel costs are based from Associates’ individual office locations.

In exceptional circumstances, PsychWorks Associates reserves the right to pause the assessment process if is not deemed to be clinically appropriate at the current time. Full and thorough discussion would take place with the referrer prior to any such decision being made.

Pre-assessment ‘meet and greet’ sessions for engagement will be charged in addition to assessment cost, at the hourly rate plus Associates’ travel.

Any duty of care support that has arises that was not anticipated e.g. safeguarding matters will also be charged at the hourly rates plus Associates’ travel.