**Neuropsychological Tests (non-expert) Referral Form**

Thank you for enquiring about our *non-expert* Neuropsychology assessments service

**Please note our referral meetings are held weekly.**

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| **Referrer Details** | |
| Date of referral: |  |
| Referrer contact name: |  |
| Referrer contact email address: |  |
| Referrer contact phone number: |  |
| Non-expert service being sought: | ☐ Cognitive assessment only ☐ Fuller neuropsychology assessment |

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| **Client Details** | | |
| 1 | Client initials |  |
| 2 | Client Location |  |
| 3 | Client Age |  |
| 4 | Gender | ☐ Male ☐ Female ☐ Other |
| 5 | Client’s preferred language  Client’s ethnicity/cultural identity | (leave blank if English language is adequate/no non-white English cultural preferences) |
| 6 | Litigation Status | ☐ Settled ☐ Unsettled ☐ Deputy |
| 7 | Injury/clinical presentations | ☐ Brain injury ☐ Learning Disability ☐ Speech disorder  ☐ Visually impaired ☐ Hearing impairment ☐ BSL  ☐ Other (please state): |
| 8 | Can you confirm that another assessment has not been conducted in the last 2 years nor doing this assessment will interfere with expert witness agendas? | ☐ Yes  ☐ No (this will need to be confirmed before this referral can be accepted) |
| 9 | What cognitive issues do you want to assess?  What do you hope it will answer for the client or professional network? |  |
| 10 | Briefly, what documents will be available for the Assessor to read to inform the assessment?  Eg SLT update report, previous MCA reports, neuropsych report etc |  |
| 11 | What is the preferred deadline for this piece of work? |  |
| 12 | Any current concerns or risks? | ☐ No  ☐ Yes - monitored risks (please state):  ☐ Yes - social care involvement |
| 13 | Other key people to consider as part of a neuropsych assessment? | ☐ Family. Who:  ☐ Friends. Who:  ☐ Professional network. Who: |
| 14 | Please also state any uncage-able animals in the client’s property | ☐ No  ☐ Yes (please state): |
| 15 | I would like to be kept up to date with service updates/blogs from PsychWorks Associates. You can unsubscribe at any time from within our update emails | ☐ yes please |
| 16 | Where did you hear about PsychWorks Associates? | ☐ Word of mouth ☐ Social media ☐ Training event  ☐ Conference material ☐ Worked with PWA before  **If other please state:** |

**Please return the completed form to** [**admin@psychworks.org.uk**](mailto:admin@psychworks.org.uk?subject=Referral)

Please note:

We **do not** offer a medico-legal/expert witness service.

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 it 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 may be charged in addition to assessment cost, at the hourly rate plus Associates’ travel.

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

Associate input will be available when agreement to funding has been provided, and signed terms of business are received from the commissioning parties.