

## NEUROPSYCHOLOGY CONSULTATION/ASSESSMENT

Thank you for considering a referral to Turning Point Statewide Neuropsychology Service. When making a referral the more information you can provide to us, the faster we can process the referral and see your client. Incomplete referrals delay us in attending to your request, or being unable to see your client.

### Referral Criteria:

1. Adults who have an AOD history;
2. Have an ongoing support service: Clients **must** remain engaged with the treating team/CCO for the period of assessment in order for any recommendations to be effective;
3. Clients need to be able to attend our clinic in Richmond;
4. Clients need to consent to the referral and to the referring agency receiving a report/feedback of consultation.

### We do not take:

1. Capacity referrals including parenting, capacity to testify or make personal or medical decisions. (This is particularly where there are risks, an urgent need for a neuropsychological assessment, or a team approach would best suit the client to explore the least restrictive options);
2. Medico-legal referrals that relate to sentencing or fitness to stand trial;
3. Autism Spectrum Disorder diagnostic referrals.

### Process:

1. Please complete **all** sections, including the client consent form.
2. Please provide the client with the client information page (Page 7).
3. **We will call you before we offer the client an appointment** (a telephone consultation). This aims to gather any additional information we may need, and also to support service providers working with complex cases and challenging situations. This may sometimes satisfy the referral question without the need for a formal face-to-face assessment with the client. **If we cannot contact you we will not be able to see the client.**
4. Please be aware that we operate a waiting list. In order to maximise the number of clients we can see, **we are not able to reschedule if your client does not attend their scheduled appointment.** Therefore, we appreciate it if referrers can support their clients to attend their appointments.
5. Fax/email completed form and any attachments to: TP Neuropsychology Service  
Fax: (03) 8413 8498 Email: [NeuropsychologyClinic@turningpoint.org.au](mailto:NeuropsychologyClinic@turningpoint.org.au)

Please tick if attaching any of the following relevant reports/documentation:

- Neuropsychological/Cognitive Assessment
- Brain Imaging Reports (CT or MRI)
- Psychological/Psychiatric/Neurological Assessment
- AOD Comprehensive Assessment
- Alcohol or Substance Treatment Report
- ACSO COATS Report
- ACSO variation (if the assessment is funded by ACSO-COATS)
- GP Patient Health and Medications Summary
- Corrections Orders /Conditions

### Client Details

Name	
Date of Birth	
Address	
Suburb	Post Code
Contact Number/s	
Gender:	Male / Female / Other
Aboriginal/ Torres Strait Islander	Yes/ No / Na
Interpreter Required?	Yes / No <span style="float: right;">If Yes, what language</span>

### Support Network, as applicable

GP	
Psychiatrist	
Case Manager	
Corrections officer	

### Referrer's Name

Organisation	
Contact Phone	
Email	
Address	
Fax	

### Reason for referral

Reason for referral, including client concerns (E.g.: cognitive difficulties secondary to AOD history or suspected brain injury; understanding of client's strengths and weaknesses; to support application for services)

<b>SUBSTANCE USE HISTORY</b> Please attach formal AOD assessment report if available	
Alcohol	Current Abuse / Dependence / Intoxication / Withdrawal / Not current.  Current Quantity _____ Age of first use? _____
Principal Drug of Choice?	Period of Use?
Other Drugs?	
Method of use?	
Injecting?	No / Yes: less than 3 months ago / 3-6 months ago/ more than 12 months ago
Overdoses?	
Current Pharmacotherapy	None / Methadone / Buprenorphine / Naltrexone / Suboxone / Other?
Attempts at withdrawal?	
<b>Legal status / Forensic History</b>	
Current Orders: None / Parole/ CCO/ Drug Treatment Order/ Other Incarcerations – please detail:	
<b>Psychosocial History</b>	
Marital status	Never Married / Married/ De Facto/ Divorced/ Separated / Widowed / Other
Current Living Arrangements	Private Rental / DHS / Boarding House / Own House / Homeless / No Fixed Address / Hospitalised / Specialised AOD Treatment Facility / Shelter or Refuge / Other (please detail)
Social Supports	
Occupational status	Employed Full Time / Employed Part Time / Self-Employed / Retired / Sickness Benefits / Unemployed / Student / Home duties / Pension (please detail)
Level of Education Attained?	
Learning Difficulties?	
Intellectual Disability?	

### Medical History

Please detail:

**Prior Brain Injury?:**

Stroke / Epilepsy / Head-Injury / Brain Surgery / Brain Tumour / Brain Infections / Overdoses/ Suicide Attempts). If Yes please provide further details:

**Current Medications:**

Please list with dose

### Mental Health History

Diagnoses:

Admissions:

Suicide Attempts:

Current Risk?

No Risk / Suicidality / Self-harm  
Risk to Others?

**How is the person's everyday functioning? Check the boxes below to indicate issues as well as strengths:**

Functional Domain	Normal Functioning	Indication of possible deficit
<b>Accommodation &amp; domestic activities</b>	<input type="checkbox"/> Stable accommodation into the near future <input type="checkbox"/> Keeps accommodation clean <input type="checkbox"/> Manages food preparation / shopping	<input type="checkbox"/> Fails to keep accommodation <input type="checkbox"/> Living in squalor <input type="checkbox"/> Unable to cook or is unsafe in handling food <input type="checkbox"/> Has a Guardianship Order
<b>Self-care</b>	<input type="checkbox"/> Manages hygiene <input type="checkbox"/> Manages adequate nutrition <input type="checkbox"/> Wears appropriate clothing	<input type="checkbox"/> Body odour and unsuitable/dirty clothing <input type="checkbox"/> Appears malnourished <input type="checkbox"/> Toileting accidents

Functional Domain	Normal Functioning	Indication of possible deficit
<b>Community activities</b>	<input type="checkbox"/> Manages appointments <input type="checkbox"/> Can communicate by phone or letter <input type="checkbox"/> Negotiates services (e.g., Centrelink)	<input type="checkbox"/> Difficulty with communication (e.g., understanding and/or expression) <input type="checkbox"/> Requires assistance to access services
<b>Finances</b>	<input type="checkbox"/> Sufficient finances to pay rent/food/bills <input type="checkbox"/> Manages own finances/banking	<input type="checkbox"/> In debt or unable to recall extent of finances/assets <input type="checkbox"/> Has an Administration Order
<b>Mobility/ Transport</b>	<input type="checkbox"/> Mobile within the community <input type="checkbox"/> Has driver's license	<input type="checkbox"/> Unable to reliably catch public transport / gets lost <input type="checkbox"/> Multiple driving accidents
<b>Social</b>	<input type="checkbox"/> Maintains supportive relationships <input type="checkbox"/> Appropriately assertive in getting needs met <input type="checkbox"/> Mindful of the rights of others <input type="checkbox"/> Avoids risky situations <input type="checkbox"/> Practices safe sex	<input type="checkbox"/> Socially inappropriate behaviour <input type="checkbox"/> Socially anxious <input type="checkbox"/> Lacking cooperation/stubborn <input type="checkbox"/> Verbal/physical aggression <input type="checkbox"/> Ignores others' needs <input type="checkbox"/> Puts self into unsafe circumstances
<b>Occupational/ educational</b>	<input type="checkbox"/> Employed appropriately <input type="checkbox"/> Has meaningful hobbies/activities	<input type="checkbox"/> Unable to obtain or keep employment <input type="checkbox"/> Poor attendance record
<b>Mental health</b> Please supply mental health assessment/ treatment report(s) if available	<input type="checkbox"/> Resilient in response to everyday stressors and pressures <input type="checkbox"/> Mood is stable <input type="checkbox"/> Compliant with prescribed medications	<input type="checkbox"/> Appears depressed <input type="checkbox"/> Reports feelings of panic / anxiety / stress <input type="checkbox"/> Irritable or rapid mood changes <input type="checkbox"/> Unable to manage anger <input type="checkbox"/> Overly concerned with bodily function/health <input type="checkbox"/> Symptoms of psychosis  <input type="checkbox"/> _____ <input type="checkbox"/> Becomes very elevated <input type="checkbox"/> Delusional beliefs
<b>Cognitive function</b> Please supply previous cognitive or neuropsych report(s) if available	<input type="checkbox"/> Attends appointments reliably <input type="checkbox"/> Memory is reliable <input type="checkbox"/> Insight into own circumstances and difficulties <input type="checkbox"/> Generates sensible solutions to everyday problems <input type="checkbox"/> Carries out agreed solutions/tasks <input type="checkbox"/> Organised <input type="checkbox"/> Reads and fills out forms without assistance	<input type="checkbox"/> Misses appointments <input type="checkbox"/> Forgets to perform tasks <input type="checkbox"/> Forgets conversations or instructions <input type="checkbox"/> Repeats things over and over <input type="checkbox"/> Disorganised <input type="checkbox"/> Prone to impulsive actions <input type="checkbox"/> Difficulty making decisions <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Appears unmotivated <input type="checkbox"/> Does not initiate agreed activities/tasks <input type="checkbox"/> Leaves tasks unfinished <input type="checkbox"/> Very slow to perform tasks <input type="checkbox"/> Thinking is rigid and uncompromising <input type="checkbox"/> Appears confused
<b>Physical health</b> Supply reports if available	<input type="checkbox"/> Medical conditions are appropriately managed as per medical advice <input type="checkbox"/> Compliant with prescribed medications <input type="checkbox"/> Manages glasses / hearing aids	<input type="checkbox"/> Dental problems <input type="checkbox"/> Physically unwell <input type="checkbox"/> Ignores health warnings/advice <input type="checkbox"/> Doesn't seek medical treatment for symptoms <input type="checkbox"/> Medication noncompliance

**CONSENT FOR NEUROPSYCHOLOGICAL SERVICES**

**Privacy and Confidentiality**

All personal information gathered by the neuropsychologist will remain confidential and secure, except when:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to
  - a) provide a written report to another professional or agency.
  - b) discuss the material with another person.
4. Disclosure is otherwise required by law.

**Access to client information**

You are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. Turning Point may discuss with you different possible forms of access.

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I, *(Please print your name in Block Capitals)*....., have read and understood this Consent Form.

I agree to the above conditions for the neuropsychological service provided by *Turning Point*.

**Signature of Person authorising consent**

..... **Date** ...../...../.....

## WHAT IS A NEUROPSYCHOLOGICAL CONSULTATION?

You and/or other people may have noticed that you are having difficulties with memory, thinking skills, emotions or behaviour. Your support worker (e.g. Correctional Officer, Case Manager or clinician) would like to consult with a clinical neuropsychologist at Turning Point to discuss these possible difficulties further. The focus of this consultation will be on looking at helpful strategies to better support you.

### What does the consultation involve?

- Your support worker will complete a referral form. If you have any questions or concerns about your memory or thinking skills, please let your support worker know.
- With your permission, your support worker and/or ACSO-COATS assessor will provide the following information to the neuropsychologist:
  - your background information,
  - previous assessment report(s) if available
  - their observations about how you're getting on with daily activities.
- You do not have to give all your personal information. However, this may limit the advice the neuropsychologist can provide.
- Your support worker will make a time to speak to the neuropsychologist. You won't need to attend any face-to-face appointment at this stage.

### What does the neuropsychological assessment involve?

- Sometimes the neuropsychologist may recommend and offer a face-to-face neuropsychological assessment with you, to develop additional support strategies. This involves visiting Turning Point and doing a range of pen and paper tasks that look at your memory and thinking skills in detail. Some of it is a little bit like school but there is no pass or fail. At the time of making the appointment you will get additional information about how to prepare and what to expect. After this a report is written.

### Who will get to know about my consultation & / or assessment results?

- If only a telephone consultation is completed your worker will let you know the outcome and will discuss any recommendations made.
- If you have a face-face neuropsychological assessment the neuropsychologist will hold a feedback session with you to discuss the main findings and you will get a summary of the findings.
- The neuropsychologist will also write a longer report that is sent to your referrer including recommendations that will help support you. With your written consent a copy can also be sent to others who are involved in your care (i.e. your GP).
- The report will be kept securely and used only by Turning Point and the authorised personnel at Eastern Health.