Adult Referral Questionnaire

Thank you for enquiring about our services. 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%3A%5CUsers%5Ckeeny%5CDesktop%5Cadmin%40psychworks.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 26a and 26b).

Thank you for referring to PsychWorks Associates.

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| --- | --- |
| Referrer contact name: |  |
| Referrer contact email address: |  |
| Referrer contact phone number:  |  |

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Answer ( please be as detailed as possible )** |
| 1 | Date of birth of client |  |
| 2 | Name |  |
| 3 | Gender | F / M*(please delete as appropriate)* |
| 4 | Address, including postcode |  |
| 5 | Telephone contact*Please note these will only be used upon agreement to assessment and receipt of signed terms and conditions* |  |
| 6 | Date of injuryIf applicable, status | Date:Settled / Unsettled *(please delete as appropriate)* |
| 7 | Brain injury type, ie. Injury at birth, traumatic brain injury, systemic illness like meningitis etc |  |
| 8 | Brief history of injury  |  |

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| --- | --- | --- |
| 9 | Current issues – emotional (e.g. depression, anxiety and PTSD) |  |
| 10 | Current issues – behavioural (e.g. aggression, dis-inhibition, destructive behaviour) |  |
| 11 | Current issues –Cognitive |  |
| 12 | Significant issues in family, i.e. poor mental health, social and economic issues, housing |  |
| 13 | Input required | Assessment\*/Intervention*\*Please note that assessment constitutes an assessment of needs and not expert medical opinion.* |
| 14a | Has there been a previous assessment by a Psychologist or Neuropsychologist? | YES\*/ NO*(\*please provide name and date of input)* |
| 14b | 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, family/couples discord |  |
| 15 | Family set up – please tell us who lives at home with the client? i.e. children, care team, any pets? |  |
| 16 | Work?  |  |
| 17 | Hobbies? |  |
| 18 | Power of Attorney or best person to contact regarding appointments? |  |
| 19 | Medical/MDT professionals currently involved - names & capacity*Where possible please provide relevant copies of medical, allied health, and psychological reports* |  |
| 20 | Name & address of GP |  |
| 21 | Case Manager details |  |
| 22 | Solicitor details |  |
| 23 | Expert witness details/report*Please advise name, date of examination and if report can be shared as this is helpful for rehabilitation.*  |  |
| 24 | Please detail any other agencies involved? i.e. social services, support workers etc |  |
| 25 | If social services are involved, please detail the reasons i.e. child protection, to provide respite, resources via statutory services, etc  |  |
| 26a | Are funding arrangements in place?  | YES / NO*(please delete as appropriate)* |
| 26b | Invoices to | Name:Firm:Email:Tel: |
| 27 | Where did you hear about PsychWorks Associates? |  |

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 arises and that was not anticipated e.g. safeguarding matters will also be charged at the hourly rates plus Associates’ travel.