

# OPTIONAL MODULE 2: ABI REFERRAL TOOL FOR NEUROPSYCHOLOGY ASSESSMENT

FOR STAFF ONLY

UR Number: .....

Surname: .....

Given name: .....

Date of birth: .....

(Please fill in if no label available)

## PURPOSE OF MODULE

To ascertain whether the client might need a referral for a neuropsychology assessment.

## WHO CAN ADMINISTER THIS MODULE?

This module is to be completed by a clinician based upon discussion with the client and information gathered during assessment.

## INSTRUCTIONS

1. Tick factors that are present.
2. If unsure whether a factor is present, discuss with client.
3. Refer to an ABI-AOD clinician or contact neuropsychology service if referral is indicated.

If there is a history of any of the following:

- head injury (with loss of consciousness due to assault, falls, accident)
- brain surgery, bleeding, or tumour
- blackouts, seizures or epilepsy
- diagnosed neurological disorder (e.g. stroke, Multiple Sclerosis, Parkinson's Disease)
- hypoxia (lack of oxygen to the brain due to overdose, carbon monoxide poisoning, near-drowning, cardiac arrest, strangulation, or attempted hanging)
- learning difficulties
- mental illness (particularly with psychosis)
- personality change
- chronic, heavy alcohol or other substance use greater than five years
- Guardianship or Financial Administration

And there are *current* concerns about the client's cognitive function including one or more of the following:

- memory issues (reported by self or others)
- attentional problems (reported by self or others)
- reasoning or problem solving (unable to plan, organise, make rational decisions)
- lack of insight (into current situation or the effects of behaviour or choices)
- disinhibited or inappropriate behaviours (unrelated to culture)
- poor orientation to place, day, month, or year

Then refer to ABI-AOD clinician and/or for neuropsychological assessment.

Or if you are unsure, contact the Neuropsychology Service to discuss a potential referral (Turning Point 03 84138444).

## FOR STAFF ONLY

Clinician name: .....

Position: .....

Signature: .....

Date: .....