Clinical Neuropsychology Services

Dr Yasmin Baliz
Clinical Neuropsychologist
BBNsc, BSc(Psych Hons), DPsych (Clin Neuropsych)

Consulting Address:
6 Moore Street, Moe VIC 3825

Phone: 03 5110 7489
E-mail: admin@cnspsych.com.au

REFERRAL FORM

Thank you for your interest and referral to Clinical Neuropsychology Services (CNS). Please take a few minutes to fill out this form regarding the individual that you are referring. Once completed, please return to CNS via email or post. Thank you for your assistance.

Please note: Relevant endorsement and funding approval must be obtained by the referring support agency/service or school, prior to completing this form.

Personal Information

Please provide information about the individual that you are referring to this service

First Name	*Last Name*	*DOB*	*Age*
Address	*Suburb*	*State*	*Postcode*
Email (if applicable)	*Phone (if applicable)*		

Parent/Guardian Information (if the individual being referred is under 18 years of age)

Please provide information about the Parent/Guardian

First Name	*Last Name*	*Relation to the Individual*	
Address	*Suburb*	*State*	*Postcode*
Email	*Phone*		

Referrer Information (if this referral is from a support service/agency or school)

Please provide contact information for the person making this referral

First Name	*Last Name*	*Role*	
Agency/ School Name	*Address*	*State*	*Postcode*
Email	*Phone*		

☐ Please indicate if endorsement and funding approval has been obtained for the requested CNS service

Service Request

Cognitive or neuropsychological assessment

☐First-time assessment ☐Diagnosis ☐Second opinion ☐Review assessment

Consultation and/or training

☐Case consultation ☐File review ☐Specialist training/ psychoeducation

☐Other:

Therapeutic intervention

☐Neuro-rehabilitation ☐School or work-based support/intervention ☐1:1 individual sessions

☐Other:

Additional Information

What most concerns you about this individual (cognitive and/or psychological symptoms, learning difficulties, behaviours of concern)?

What are you hoping to learn and understand about the individual following the requested CNS service?

Contact Details

Please list the contact information for any educational, medical, and allied health professionals working with the individual (e.g., Paediatrician, Psychologist, Psychiatrist, Occupational Therapist, Counsellor, Teacher, and/or Learning Support Officer).

Name	Profession/ Role	Phone Number	Address

Previous Assessment and Reports

Please indicate whether this individual has had a cognitive, neuropsychological, or other allied health service (e.g., speech pathology, occupational therapy) evaluation in the past

☐Yes ☐No

Please indicate if assessment reports and /or relevant medical records are available for this individual. If YES, please attached these documents to this referral form

☐Yes ☐No

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CONDITIONS AND CONFIDENTIALITY AGREEMENT

Privacy and Confidentiality

Clinical Neuropsychology Services may need to collect information for the purposes of providing specialist services and support. Sometimes it will be necessary for Dr Yasmin Baliz, Clinical Neuropsychologist, to contact various professionals and individuals on behalf of her client. If this need arises, only information pertinent to the client's needs will be discussed. Written reports may need to be shared with relevant professionals supporting this client. It is anticipated that the exchange of information between Dr Yasmin Baliz and the following services will be necessary:

1. _____
2. _____
3. _____
4. _____
5. _____

The information disclosed during the service period is strictly confidential and kept in accordance with current legislation and the Australian Psychological Society Code of Ethics. However, under certain circumstances, there may be exceptions to this rule where relevant and appropriate authorities may be informed. Such circumstances include:

- In the case of suspected/reported child abuse;
- Where the client's behaviour may present a risk of harm to self or to others;
- In case of behaviour relating to serious risk to life (such as attempting suicide);
- Where legislation requires certain criminal acts to be reported;
- In the event that records are subpoenaed by court order;
- In the event that the individual is reported as a missing person;

Information Storage

As part of providing a psychological service, Clinical Neuropsychology Services will keep a record of the information that is provided during the service period. As in accordance with current legislation, all records are kept in a locked filling cabinet, accessible only by Dr Yasmin Baliz. Records are kept for seven years for adult clients. Records in relation to children are kept until the child reaches a minimum age of 21 years.

Medicare Clients

On receiving a Mental Health Care plan and referral from the medical practitioner, the client will be entitled to claim Medicare rebates for up to six psychology sessions. If the client requires further sessions, another referral from the medical practitioner will be required, and this will entitle the client to claim more Medicare rebates. Individuals may claim rebates for a maximum of ten psychology sessions per calendar year. On completion of each treatment set (six sessions), Dr Yasmin Baliz, will provide a written report to the referring medical practitioner. The report may contain information on any assessments completed by the client, treatment provided by Dr Yasmin Baliz, and recommendations for future treatment.

Cancellation Policy

Fees for cancellation of appointments made for CNS services will be charged if no replacement service is billed for the lost time. This is a general guide (per session):

0-24 hours notice .....Full fee
24-48 hours notice ..... 50% of fee
48 hour - 7 days notice ..... 25% of fee
More than 7 days notice ..... No fee

Agreed Fees (please read carefully)

CNS is a registered psychological service - there is a set schedule of fees. These fees will be discussed at the time of referral.
THERAPY SERVICES: Payment is required on the day of service and can be made by EFTPOS or Direct Bank Transfer. Medicare or Private Health Fund rebates are available. The Medicare rebate is $93.35 per session. Rebates will be processed into your bank account linked to Medicare by the next business day.
Fees for TAC and NDIS participants are different, and CNS will handle billing directly with the appropriate representative.
ASSESSMENT SERVICES: Payment is required on the day of service (per session). The balance will be invoiced following completion of the last assessment session. Full payment must be received before the Feedback Session (usually held 4-weeks after the assessment has been completed). Services requested by third party agencies will be invoiced at the end of the service period. Settlement terms are 7 days from the date of invoice.

Signed Consent

I have read the above information, and where necessary clarified any issues, I did not understand. As such, I understand the rights and obligations outlined in this document, including payment of fees, and I agree to these conditions for the services provided by Dr Yasmin Baliz, Clinical Neuropsychologist - Clinical Neuropsychology Services.

_____ _____

Client Name *Date of Birth*

_____

Parent/Guardian Name (if client is under 18 years of age)

_____ _____

Signature of Client or Parent/Guardian *Date*