

Assessment Referral Form

- Adult

Please complete this Queensland Psychology Assessments (QPA) form if you require assessment prior to submitting an NDIS Access Application, or are a current NDIS participant seeking further assessment. Return the form via email to melissa@qldpsychassessments.com.au

SECTION 1 - Applicant's details.

*** Required.**

Full name of person undergoing assessment*

Date of birth*

Home address*

Email address*

Contact number*

Alternate contact person's name QPA can contact regarding this referral (e.g., support worker)

Alternate contact email address

Alternate contact number

Please choose one of the below* (tick)

- ☐ I am not currently an NDIS participant, but wish to submit an NDIS Access Application for my disability
- [GO TO SECTION 2](#)
- ☐ I am a current NDIS participant
- [GO TO SECTION 3](#)

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SECTION 2 - Not currently an NDIS participant

*** Required.**

Source of referral* (tick)

- ☐ **Private** (self-referred)
- ☐ **EPC/CMD** (Enhanced Primary Care/Chronic Disease Management)
- ☐ **Psychiatrist**
- ☐ **GP**
- ☐ **Community agency** (enter name of agency)

- ☐ **Other** (enter other type of referral)

Name of referrer

Contact number of referrer

Briefly state what your main concerns/reasons are for contacting us*

Assessment services required* (tick all that you believe apply)

- ☐ **Cognitive assessment**
(e.g., suspected intellectual disability, assessment of intelligence, executive functioning)
- ☐ **Functional capacity assessments**
(e.g., to assess abilities, disabilities, strengths challenges, improvements or decline in functioning, and areas that require support)
- ☐ **Initial assessment of suspected neuro-developmental disorders**
(e.g., Autism Spectrum Disorder)
Please note: Further evidence from a GP will be required to support a diagnosis of ASD.
- ☐ **Assessment of behaviour and adaptive functioning**
(e.g., social/emotional concerns)

Briefly state what do you hope to achieve from assessment*

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SECTION 3 - Current NDIS participant

*** Required.**

NDIS participant number*

What are your NDIS recognised disabilities?

Do you have other disabilities that aren't recognised by the NDIS?

Plan end date

My budget is (tick) ☐ Self-managed ☐ Plan managed ☐ NDIS (agency) managed ☐ I don't know

Plan manager's name for invoicing purposes (if applicable)

Plan manager's email address

Plan manager's contact number

Please write your goals as they are stated in your NDIS plan (CB Daily Activity)

If you are able please email a copy of your NDIS plan to melissa@qldpsychassessments.com.au

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SECTION 3 - Current NDIS participant *(continued)*

What do you want to get out of assessment?

Please provide additional information about any other concerns or goals you would like to address