

Assessment Referral Form

- Child / Adolescent

Queensland
Psychology
Assessments

Please complete this Queensland Psychology Assessments (QPA) form (2 pages) for an assessment referral or if your child requires assessment prior to submitting an NDIS Access Application and return via email to qldpsychassessments@gmail.com

*** Required.**

Full name of parent/guardian*

Parent/guardian home address*

Parent/guardian email address*

Parent/guardian contact number*

Person's name (other than parent/guardian) QPA can contact regarding this referral (eg. support worker)

Alternate contact email address

Alternate contact number

Name of child to be assessed*

Date of birth*

Name of school the child currently attends*

Current year level at school*

Referral type* (tick)

☐ Private (self-referred)

☐ EPC/CMD (Enhanced Primary Care/Chronic Disease Management)

☐ Psychiatrist

☐ Paediatrician

☐ GP

☐ Community agency (enter name of agency)

☐ Other (enter other type of referral)

Name of referrer

Contact number of referrer

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Briefly state what you believe are the main concerns about the child being referred*

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

☐ **Cognitive assessment**

(e.g., suspected intellectual disability, developmental delay, 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, social functioning, ADHD)

Please note: Further evidence from a GP/paediatrician will be required to support a diagnosis of ASD and ADHD.

☐ **Assessment of learning and academic abilities**

(e.g., suspected learning disorders, delayed academic progress)

☐ **Assessment of behaviour and adaptive functioning**

(e.g., social/emotional concerns)

Briefly state what do you hope to achieve from assessment*

Other health professionals or specialists involved in your care

Name

Contact number

Name

Contact number

Name

Contact number