**UBC Psychology Clinic**

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**New Referral for Neuropsychological Assessment**

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| **Client #:**  #2018-0XX | | | **Date of Call:** | | | | **Phone Screen Date/Time:** | | | | |
| **First Name:** | | **Last Name**: | | | **Gender**:  Male  Female  Transgender | | | | | **Service Sought:**  Individual treatment  Group treatment  Both  Neuropsych assessment | |
| **Address:** | | | | | | | | | | | |
| **Date of Birth**: | | | **Problem:** | | | | | | | | |
| **How did you hear about us?** | | | **Referred by:** | | | **Name of Referral Source**: | | | **Physician/Nurse Practitioner** | | |
| **Child or Adult?**  Adult  Child | | | **Parent’s First Name:** | | | | **Parent’s Last Name:** | | | | |
| **Home Phone #:** | | | **Home – Msg OK?**  Yes  No  Cryptic | | | | **Best time to call:** | | | | |
| **Work Phone #:** | | | **Work – Msg OK?**  Yes  No  Cryptic | | | | **Best time to call:** | | | | |
| **Cell Phone #:** | | | **Cell – Msg OK?**  Yes  No Cryptic | | | | **Best time to call:** | | | | |
| **Notes**:  email | | | | | | | | | | | |
| Contact Log | | | | | | | | | | | |
| **Client #:**  2018-0XX | | | | **First Name** | | | | **Last Name** | | | |
| Date | Content | | | | | | | | | | Initial |
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Client #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waitlist Folder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Psyc 531 assessment, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **TELEPHONE INTAKE GUIDELINES-ADULT NEUROPSYCHOLOGY**

## Greeting:

## Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling from the Psychology Clinic at UBC. I am calling because you were referred by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a neuropsychological assessment. That is an assessment of your thinking skills and brain health. *[Check that the client is aware of the referral.]* The purpose of my call is to explain how the clinic works and get some more information from you so that we can determine whether our clinic can provide what you and your doctor are looking for. Is this still a good time for you or would you rather that we reschedule this call for a more convenient time? *[Reschedule for another time if not convenient. Otherwise proceed with the following:]*

## Brief Description of Clinic & Referral Process

Before we begin I would like to tell more about our clinic. We are a specialized training clinic in the department of psychology at UBC. Neuropsychological assessments are done by a team that includes a licensed psychologist with expertise in neuropsychology and at least one student. Students are in training and working towards their PhD in clinical psychology. Our students are closely supervised by qualified psychologists who are professors here at UBC. Clients benefit from the expertise of both the student and their supervisor who helps ensure you receive the best care possible.

You should also be aware that because we are a highly specialized clinic, we do not have a traditional waiting list where you are added to the bottom and at some point are guaranteed to reach the top of the list and receive treatment. Instead, people are added to our waiting list and may be assigned to a student at any time, to meet their training needs. For this reason, there is no absolute guarantee that people on our waiting list will get an assessment and we cannot provide an estimate of how long the wait will be. Some clients will be assessed within the next few months, whereas others may need to wait for longer or be removed from the waitlist. Regardless of whether our clinic is a match for you, I can give you the names and contact information of other suitable resources. That way, even if you are on our waiting list you are free to pursue other options in the meantime. Considering this, are you still interested in being considered for treatment at our clinic?

**Screening Questions:**

Are you currently or do you expect to be involved in any **legal proceedings**?

(If yes, find out whether presenting problem is in any way related to proceedings. May need to explain limits of confidentiality, reduced likelihood of services, alternative resources). (If hoarding is presenting problem, query re: threat of eviction: how imminent is it?

Our clinic is open Monday through Friday from 8.30 - 4.30 pm and our psychologists only supervise students during those times. A neuropsychological assessment typically takes 5-7 hours and can be done in one full day with a lunch break and other breaks as needed. If you prefer, the the appointment can also be split over two days. The assessment involves answering questions about your health and daily activities and doing tests of thinking skills with paper-and-pencil or on a computer. Would you prefer to complete the assessment in one visit, or over 2 days? Can we schedule for any day of the week, or are there days when you are not available? (Note any limitations in client’s schedule.)

A typical part of a neuropsychological assessment is to speak to someone who knows you well, and could share their observations of your difficulties with thinking skills. We could arrange to speak with them on another day, at the clinic or over the telephone. Who would be the best person for us to talk to? How can we best reach them?

Within 6 weeks after the assessment, the student and supervising psychologist will invite you back to the clinic to talk through the assessment findings and any recommendations they have. The will also send a detailed report to the doctor who referred you. Does that timeline sound OK?

**Confidentiality**

I also want to let you know that the information you share with me is strictly confidential with a few exceptions:  
1. Because this is a training clinic, your file may be accessed and discussed by faculty and students directly involved with the clinic.  
2. For safety reasons, if you tell me that you are at immediate threat to yourself or others, I may need to break confidentiality. Also, if you tell me that a child is being harmed or is at risk of being harmed then I am required by law to report this information.

I will ask you a few questions today. There is also a form we will need you to complete before your appointment that asks for details about your background and health history, information that is needed for a neuropsychological assessment.

**CLIENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred pronoun (she/he/they/other pronoun?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_AGE: \_\_\_\_\_ Sex assigned at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## TELEPHONE: (home) \_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_

**OCCUPATIONAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRESENTING PROBLEM:**

Can you tell me about any difficulties with thinking skills (like memory and concentration) you are seeking help for and how it is interfering with your day-to-day life at this time?

What is your understanding of the *cause* of these difficulties? (If the client is unsure what you mean, you can ask if they have been diagnosed with a brain health condition.)

Are you **currently** receiving any help for these concerns difficulties? (if yes, describe)

Have you had a neuropsychological assessment or other examination of your thinking skills in the **past**?

(If yes, ask the client to bring any records from a prior assessment to their clinic appointment.)

Are you currently taking any **medications** for these difficulties? (Note the names and dosing (as needed vs. regular daily) and explain that they can take any prescribed medications as usual on the day of the assessment.)

Are you most comfortable communicating in English or another language? (Note client’s comfort level reading, writing, listening, and talking in English.)

Do you have any limitations with your vision? Or hearing? Or mobility (e.g., you use a cane or wheelchair to get around indoors)? Do you have any limitations with the use of your hands, for example, could you pick up a coin sitting flat on a table?

Because our clinic is part of an academic institution, there are sometimes research studies being conducted within the clinic. The results of these studies can be used to increase knowledge about mental health challenges or improve psychological treatments. Participation in research is voluntary, and your decision to participate or not participate will not affect your ability to get care at our clinic. Would you be willing to be contacted about participating in future research studies? **Yes/No**

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**FEE ASSESSMENT**

Although we are a student training clinic, we do have nominal fees on a sliding scale depending on your income. We have 4 categories: first, household incomes that are under $20,000 per year; second, between $21 - $40,999; third, between $41,000-$61,000 and fourth, above $61,000. Which income bracket do you fall into?

***Comprehensive Neuropsychological Assessment***

Yearly Household Income Fee

Before taxes

<$20,000 Total fee: $360

$20,000 – $40,999 Total fee: $600

$41,000 – $61,000 Total fee: $840

$61,000 – $100,000 Total fee: $1000

>100,000 Total fee: $1300

Is there anything I haven’t covered that you feel would be important for tour clinic to know?

Do you have any questions for me?

(Remind the client to complete the neuropsychological history form, ideally within the next week.)

Team Suggestion: Team’s Rating of Appropriateness (0=never would see, 10=ideal):

Client #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waitlist Folder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_