

# Neuropsychological assessment notification



State Insurance  
Regulatory Authority

## Information

- This form must be completed by the party initiating or arranging a neuropsychological assessment **at least four weeks prior** to the proposed neuropsychological assessment date and distributed by e-mail or fax to all relevant parties.
- This form has been developed as part of the *Neuropsychological assessment of children and adults with traumatic brain injury: Guidelines for the NSW Compulsory Third Party Scheme and Lifetime Care and Support Scheme 2013*.
- Adherence ensures all parties with an interest in the neuropsychological assessment of claimants in the NSW Motor Accidents Compulsory Third Party (CTP) scheme or participants in the NSW Lifetime Care and Support Scheme are notified of planned assessments and share information provided before and after assessments.

## Section 1: Name of individual to be assessed

Contact name

Date of birth (DD/MM/YYYY)

## Section 2: Compensation or claim status

CTP personal injury claim  
(insurer/claim number if known)

Lifetime Care participant  
(participant number if known)

Both CTP personal injury claimant and Lifetime Care participant

## Section 3: Previous assessment

Date of most recent assessment (DD/MM/YYYY)

Time since last assessment

Previous assessment conducted by

Recommended reassessment date on most recent assessment (DD/MM/YYYY)

Provide reason if this assessment is at a different time than recommended in the most recent report

## Section 4: This assessment

Scheduled date (DD/MM/YYYY)      Nominated psychologist

Address (include Lot or DP number if applicable)

Suburb

State

Postcode

Daytime contact number

Mobile number

Fax number

Email

Reason if psychologist is different than for previous assessment

Purpose/reason for this assessment (tick all appropriate)

Clinical review to inform progress and rehabilitation planning

Provide additional information for WPI (CTP), or eligibility assessment (Lifetime Care)

Medico-legal (including settlement, claim status, diagnostic/attribution)

Other (please specify)

## Section 5: Notification

This notification is provided on \_\_\_\_\_ to the following parties  
 (Complete all relevant or indicate if not applicable with N/A)

Role	Name and contact
BIRP or other rehabilitation team	Name  Phone number _____ Fax number _____  Email _____
Primary doctor or General Practitioner	Name  Phone number _____ Fax number _____  Email _____
Case manager (if relevant)	Name  Phone number _____ Fax number _____  Email _____
Lifetime Care coordinator (if relevant)	Name  Phone number _____ Fax number _____  Email _____

Role	Name and contact
CTP insurer contact (if relevant)	Name Phone number Fax number Email
Solicitor (if relevant)	Name Phone number Fax number Email
Other (specify)	Name Phone number Fax number Email

## Section 6: Instructions, advice or information for the psychologist

List all instructions, advice or information provided to the psychologist: (include reports and dates, specific opinions sought, other relevant information)

- Refer to Neuropsychological assessment of children and adults with traumatic brain injury: Guidelines for the NSW Compulsory Third Party Scheme and Lifetime Care and Support Scheme 2013 for further information about roles, responsibilities and process.
- Any dispute regarding the assessment must be made in writing to the initiating party **within 10 working days** of this notification.
- Any instructions, advice or information provided to the psychologist by other parties must be shared with all parties (include reports, specific opinions sought, other information).

## Section 7: Details of individual completing form

This form has been completed by

Contact name

Role or position

Date (DD/MM/YYYY)

Daytime contact number

Mobile number

Email