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**e-PSYCHELP REGISTRATION
FOR EXPERT OPINION ASSESSMENTS**

Please indicate reason that assessment is required:

- Personal Injury Compo** Workplace Motor accident Victim of violence Sexual harassment/abuse
- Court Hearing** Family court Criminal court Appeal/Disputes Commission
- Insurance Claim** Pre-liability report Liability/Disability report Treatment and prognosis
- Workplace Rehabilitation** Initial needs and plan Pain/Stress/Trauma rehabilitation progress
 - Return to work barriers
- Redeployment/Career Change** Vocational aptitudes and action plan Transferable skills analysis
 - Job market analysis
- Diagnostic Assessments** Psychiatric (DSMV) Educational (SLD, ADHD)
 - Neuropsychological impairment of memory and cognition
- Fitness and Disability** To work To stand trial To self manage Permanent impairment

1. Please indicate below details about client being assessed and person requesting a report.
2. Please note that Consent for Assessment and Agreement to pay must also be signed.
3. Upon acceptance of signed form, both parties will receive estimated quotation of report costs and a more formal agreement will be signed.
4. Before accepting our quote you may wish to check our credentials by contacting the Australian Psychological Society, WorkCover NSW, Victims Compensation Tribunal, Healthcare Complaints Commission or Motor Accident Authority.

Complete only relevant client details if you wish to receive and pay for the report yourself. Omit what is not relevant.

Client Name: _____	Doctor's Name: _____
Date of birth: _____	Address _____
Address: _____ Postcode _____	Postcode _____
Phone: _____	Phone: _____
Fax and/or Email: _____	Fax and/or Email: _____
Insurers' contact: _____	Solicitor contact: _____
Company: _____	Address: _____
Claim number: _____	Postcode _____
Phone: _____	Phone: _____
Fax and/or Email: _____	Fax and/or Email: _____

PRELIMINARY CONSENT FORMS below must be signed before contact will be made.

Client name: _____ I hereby give my consent for my Solicitor Doctor
 Insurer to arrange the Assessment specified in the Registration Form.

Signed _____ Name printed _____ Date _____

Name of person requesting Assessment and Report _____

I hereby agree to be responsible for payment of the Assessment before the Report is released.

Signed _____ Name printed _____ Company _____