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ADULT
CLIENT INFORMATION
 Northside Psychology and
 Education
 Associates
www.northpsych.co.nz

PERSONAL DETAILS: (Please scan and send to email address or complete online)

Name: _____ Age: _____ Date of Birth: _____ M/F (circle)

Postal Address _____

Occupation/Student: _____ Employer/Education Provider _____

Phone Numbers: Home: _____ Mobile _____ Email: _____

Do you speak any other language Yes ___ No ___ (if Yes, what language/s)? _____

Reasons for Referral

1 _____

2 _____

Medical History	Significant Operations (Yes/No) Date and short explanation: Vision concerns (Yes/No) Date and short explanation: Hearing concerns (Yes/No) Date and short explanation: General Health (excellent, receiving treatment and/or short explanation): Medication (name/condition/level of dosage): Other:
1. NCEA Secondary School assessment results (Years 10 to 13) 2. Learning difficulties at primary and secondary school	1. NCEA Levels 1, 2 and 3 (outline if achieved, merit or excellence and if all were completed internally (or if not), show the external subject credits and years: 2. Learning difficulties:
School support for NCEA Levels 1, 2, and 3	
1.Type of course assessments? 2.Does your course include placements?	1. (such as: online quizzes, assignments, tests and examinations, practicum only assessments)? 2. (Explain type of placement, one or both Semesters and any concerns)?
Learning difficulties tick ✓ alongside if they apply	Reading ___ Writing ___ Mathematics ___ Following directions ___ Concentration ___ Dreamy ___ Easily distracted ___ Disorganised ___ Hyperactive ___ Restless ___ Forgetful ___ Relating to others ___ Lack of Co-ordination ___ Poor Gross/Fine Motor skills ___ Sad ___ Aggressive ___ Anxious/Fearful ___ Withdrawn ___ Learning difficulties impacting on study ___ Hesitant to try new things ___ Low self-esteem ___ Poor sleeper ___ Social Life ___