

Dr Judy Selvaraj  
 Consultant and Researcher  
 Registered Secondary Teacher  
 Registered Educational Psychologist  
 Telephone 416 9963 (022 547 5822)  
 email: selvaraj@xtra.co.nz

**CLIENT INFORMATION**

Northside Psychology and  
 Education Associates  
[www.northpsych.co.nz](http://www.northpsych.co.nz)

**Personal Details**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Male/Female \_\_\_\_\_

Parents' Names (both) and Occupations: \_\_\_\_\_

Postal Address (addresses of both parents if different): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 (both parents)

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Reasons for Referral**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

**Preferred day/s for appointment**

**Other Interventions: (extra tuition, support at school, homework, RTLB, SENCO, Psychologist, Ministry of Education)**

<u>Family</u>	Please include names and ages of siblings as well as any other relevant information and any previous psychological/medical assessments
<u>Birth/Developmental History</u>	Please include relevant information (pregnancy, speech and language, social skills)
<u>Vision and Hearing</u>	Have recent assessments been conducted? If so, please include dates and results. Any history of vision or hearing difficulties, recurrent ear infections, etc.
<u>General Health</u>	Please include relevant details including any previous and current prescribed medication/s, surgery
<u>Interests, Strengths and Activities</u>	Please include any interests (e.g. sports), activities/games, favourite subjects etc
<u>Activities Avoided</u>	(social, academic, behavioural challenges). Please provide brief details.
<u>Consent</u>	Both parents' consents are necessary to proceed (sign here)

***(additional information may be requested and brought to appointment)***