

Ace Psychology Ltd - Medico-legal Referral Form

Email Address:		Date:		
Name of Referrer	Company	Tel & Mobile	Fax	Address
Who is to be assessed		Are their children involved		
Court Details e.g. next court date and/or date of final hearing				
Day:		Date:		Time:
Please answer the following questions?				
What are your reasons for referring this client?				
Is the client aware of your referral?				
Is the client in the community or detained?				
Where are they based?				
What do you want assessor to look for: Cognitive functioning Personality testing Memory testing Other- please specify				
Report timescales:-				
Report can be completed 6-8 weeks from receiving letter of instruction and confirmation of funding!				
Background info?				