



BrainSolutions
Plus
IRLEN & DYSLEXIA CLINICS

Referral Information

Brain Solutions Plus is a private psychology practice in Adelaide and Darwin offering “brain based” services for children, adolescents and adults, which can stand alone, and which can facilitate progress of work with other professionals.

Why Brain Solutions Plus?

Experienced practitioners providing comprehensive, non-invasive therapeutic approaches since 1972

NEURODEVELOPMENTAL DISORDERS : MOODS AND STRESS : PHYSICAL WELLBEING and PERFORMANCE OPTIMISATION

Whether recovering from an accident, dealing with developmental or learning delays, or wanting to improve skills, our neurological research-supported, non-invasive brain-based approaches make the task easier .

**We can help
with...**



When you succeed, we succeed

ADD/HD
Addictions
Anxiety
ASD
Auditory Processing
Balance
Behaviour
Birth Trauma
Concussion
Depression
Developmental Delays
Developmental Trauma
Dyscalculia
Dyslexia

Dyspraxia
Fibromyalgia
Memory Loss
Migraine
Motor Function
Muscular Dystrophy
OCD
ODD
Pain
Performance
Post Traumatic Stress
Sensory Sensitivities
Stroke
TBI

How to refer to Brain Solutions Plus

Referrals may be made by GP’s, Allied Health Professionals, NDIS LAC’s, Schools and Community Health Centres by completing the following referral, with client consent.

We provide services for full fee-paying clients, for those eligible for Medicare (with a small gap payment), those with Private Health Funds, and through NDIS

Please email referrals to maria@brainsolutionsplus.com.au, or Fax (08) 8359 7884.

Please follow up by telephone 0871274938 or message 0410066552

Psychologists Anthony (Tony) Franklin : Maria De Ionno

**Thank
you**

“Let your brain do the changing for you”

SA: Mawson Lakes NT: Darwin City

Postal Address: PO Box 2021, Salisbury Downs, SA 5108 **Phone:** 08 7127 4938 **Fax** 08 8359 7884
ABN 141534 661 www.brainsolutions.com.au www.irlencentral.com.au www.dyslexiaclinic.com.au



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To the Referrer: Please...

- provide your details in the upper part of the form.
- have the client and their representative read and understand the information relevant to their consent.
- attach any forms—NDIS, Mental Health Care Plans, relevant reports and please complete reason for referral and brief details below .

Referrer Details		
Surname:	First Name:	Title
Organisation:		
Postal Address:	Suburb:	Postcode:
Phone:	Email:	
Referrer Signature		Date:
Client Details		
I am aware that this referral is being made. _____(initial)		
I understand that I can withdraw from this referral or from the referred service at any time _____.		
I consent to Brain Solutions Plus receiving information about me from this referrer _____		
Signed: Client/Rep		Date
Client Surname:	First Name:	D.O.B:
Address:	Postal Address if different:	
Client Phone:	Client Email:	
Gender: F M O	Aboriginal	Torres Strait Islander Both
Does the client have a mental health care plan? Yes No PLEASE ATTACH If yes, please add date created: Medicare Number:		
Does the client have a current NDIS plan? Yes No PLEASE ATTACH If yes please add NDIS Number:		
Reason for Referral		
Relevant significant history (medical, physical health, medication issues, developmental, functional / daily living skills, social, emotional, trauma including abuse or neglect, etc.)		

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