

Diagnostic Dementia Assessment

Comprehensive cognitive
evaluation for adults



What Is a Neuropsychological Dementia Assessment?

A dementia assessment provides a detailed evaluation of memory functioning, and includes assessment of language, visuospatial processing and executive skills.

Results assist in differentiating between typical ageing, mild cognitive impairment, and dementia syndromes, and can clarify diagnostic questions arising in primary care, neurology, and psychiatry settings.



Outcomes, Fees & Contact

Assessment Outcomes

- Diagnostic clarification and cognitive profile summary
- Practical recommendations for care planning, safety, and support needs
- Feedback session for client and family
- Liaison with referrer or treating team where appropriate

Fees

Fees are charged in line with the Australian Psychological Society (APS) recommended rate.

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She provides evidence-based assessments for adults and older adults presenting with suspected cognitive decline.



When to Refer

- When there is subjective or observed decline in memory and thinking. Frequently reported changes include:
 - Increased forgetfulness for conversations/details
 - Increased difficulty keeping track of appointments
 - Misplacing objects more often
 - Getting lost or disorientated even in well-known locations
 - Poorer recollection of details of past events
 - Increased difficulties recalling names, places, words or facts
 - Increased reliance on others as memory support in daily living tasks
- A Diagnostic Dementia assessment is appropriate when memory or thinking issues are occurring in the absence of psychiatric disorder, neurological disorder, cerebrovascular event or other systemic illness. In the case of psychiatric disorder, neurological disorder, cerebrovascular event or other systemic illness please refer for a standard comprehensive neuropsychological assessment.
- When families or clinicians require baseline data to monitor cognitive change over time.

When to Refer

Referral Requirements

To ensure a comprehensive evaluation, referrals should include:

- Completed investigations excluding reversible causes (e.g., blood panel addressing thyroid, B12, infection, metabolic factors).
- Screening test results, such as MoCA and/or MMSE scores.
- Neuroimaging (CT or MRI), if available.
- Clear referral question, specifying diagnostic clarification or functional implications.

Testing follows public-hospital Memory Clinic standards and includes face-to-face assessment, report preparation, and feedback.

