



## Intake Form

Date of Referral:

First Name:		Surname:	
DOB:		Gender:	
Diagnosis:			
Preschool/School attending (if any):			
Current year at school/Teacher's name:			
Does your child/Do you speak a language other than English at home?		If yes, please specify language spoken at home:	
Will an interpreter help us share information?			

Parent/Carer Information:

	Parent/Carer 1	Parent/Carer 2
Name:		
Relationship to child:		
Address:		
Phone:		
Email:		

Funding Source:

NDIS  Private  Health Fund  Other

NDIS Number:	
Plan Start Date:	
Plan End Date:	
Self Managed: Yes      No	
Plan Managed: Yes      No	Plan Manager:
NDIA Managed: Yes      No	
Plan Manager Email:	
Goals listed on NDIS plan	

What support do you need from us?

- Sporting skills                       Improving endurance                       Hydrotherapy  
 Gross Motor Skills                       Coordination                       Exercise  
 Balance                      Other:

Please check all days and times you are available for therapy?

Monday AM          PM                  Tuesday AM          PM                  Wednesday AM          PM  
Thursday AM          PM                  Friday AM          PM

What are your most preferred times/days for therapy?

Where do you want therapy to happen? (e.g. clinic, home, community, school or combination)

Additional Information and comments

Professionals involved in my child's care: (e.g. GP, Paediatrician, Allied Health, medical specialists, support coordinators/case workers)

Name:	Profession:	Location/phone number:	How often do you see them?	Consent to contact:

When you return this intake form, please also forward any relevant reports (i.e. Previous reports, hearing assessments, other allied health reports, NDIS reports). These make a huge difference for us when we are beginning to work with your child and your family.

Please email this form back to Michael at [admin@thespeechspotillawarra.com](mailto:admin@thespeechspotillawarra.com) when completed.