



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 Medicare Victims Services

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?

Have you or your child engaged in other psychology/mental health services or coaching before? If yes, please specify

If you or your child has previously engaged in psychology services/coaching, what was your/their experience like?

times you are available?

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

What are your most preferred times/days for therapy?

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 psychology 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 when completed.