



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?

- AAC Language Speech Sounds
 Feeding Literacy Fluency/Stuttering
 Interaction and
Conversation Other:

Please check all days and times you are available for speech 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 speech pathologist's 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.