

Request for Speech Pathology

Child's Name Male/Female

Date of Birth

Parent/Guardian

Address P/C

Phone Home Mobile

Email

Centre/School

Year Level

Attendance Mon Tues Wed Thurs Fri

Teacher

Parent / Guardian Consent

- I give consent for my child to be seen by Better Start.
- I understand that my child may be withdrawn from class for assessment/therapy services.
- I give consent for Better Start to access information regarding previous professional reports.
- I give consent for Better Start to take video/audio of my child for the sole purpose of informing therapy and will only be shared with parent/guardian.
- I understand that information, including relevant medical information, will be shared on a strictly confidential basis with staff working with my child.
- I understand that this consent remains valid until withdrawn by parent/guardian.
- I understand that I will receive an invoice after the consultation and payment terms are strictly 7 days. I have been informed of the fees charged by Better Start and I agree to pay those fees when due. I understand that late fees will be charged for overdue accounts. I understand that 24 hours notice is required to cancel appointments, otherwise a fee will apply. I understand that Better Start reserves the right to require my credit card details in advance as a pre-condition to the performance of any services for my child. I hereby authorise Better Start to process any payments due to Better Start by credit card if such payments remain outstanding for more than 7 days. This authority is irrevocable.

Relevant Information

Please complete the following information.

Has your child had previous Speech Pathology, Psychology and/or Occupational Therapy support? If yes, who with and when? If possible, **please attach any recent/relevant reports.**

Has your child seen a paediatrician regarding your current concerns? Who? When?

Has your child's hearing been tested? If yes, when and what were the results?

Has your child's vision been tested? If yes, when and what were the results?

Are any languages other than English spoken at home?

Indicate the areas in which you are concerned:

- General development & progress
- Listening & attention (sustaining attention to tasks, focusing)
- Speech development (using clear speech)
- Language expression (using words in sentences, vocabulary)
- Language comprehension (listening, understanding, following instructions)
- Stuttering
- Literacy skills (reading, spelling, writing)
- Behaviour
- Other _____

Briefly describe your main concerns.

Does your child have a formal diagnosis? i.e. Autism Spectrum Disorder, Downs Syndrome, Global Developmental Delay etc?

Does your child have eligibility for Commonwealth funding under:

- NDIA (National Disability Insurance Scheme)
- Medicare Plan

If so, please provide details and Client number or Plan.

Is your child the subject of any court orders?

- Yes
- No

How did you hear about Better Start Education Services?

- Friend
 - Yellow Pages
 - Internet Search
 - NDIS
 - School/Preschool/ChildCare
 - Other
- (please specify) _____

Send Referral Form to:

Better Start Education Services
PO Box 4093
Norwood South SA 5067
F: (08) 8295 1872
E: enquiry@betterstart.com.au

Parent/Guardian Name: _____ Signed: _____

Date: _____