

Background Information Person completing this form (If not the client, name and relationship to the client): Why are you completing this form? [] Vision difficulties [] Communication difficulties [] Computer literacy [] Other: Client Full Name: Date of Birth: Address: Phone Number: **Medical & Social Information** Medications:



Social History (Living arrangements, mobility, employment, etc):
Medical History (Include diagnoses such as Parkinson's Disease, etc):
Funding Information
Do you have any funding to assist with today's appointment?
[] NDIS
[] Medicare (CDM)
[] Home Care Package (HCP)
[] Private Health Fund
[] DVA
[] None
Funding details (e.g. provider name, NDIS number, etc):
Health Care Provider
GP Name:
GP Practice:



Referral Details				
Who referred you to speech pathology?				
Reason for referral:				
[] Communication				
[] Swallowing				
[] Both				
Speech Pathology History				
Have you seen a speech pathologist before?				
[] Yes				
[] No				
If yes, provide details:				
Communication Difficulties				
Select all that apply:				
[] My speech sounds mumbled or slurred				
[] I run out of breath when I talk				
[] I have trouble thinking of the right word to say				
[] I have trouble following instructions				
[] My voice is softer/lower than it used to be				
[] I have trouble with social situations				
[] None - I do not have any communication difficulties				



Swallowing Difficulties

Select all that apply:						
[] I eat softer foods due to swallowing difficulties						
[] I cough or choke when I drink						
[] I am on thickened drinks						
[] I cough or choke when I eat						
[] Food gets stuck in my throat						
[] Food gets stuck in my chest						
[] I have lost weight unintentionally						
[] None - I do not have any swallowing difficulties						
If you selected any of the above, please elaborate:						
Main Goal						
What is your main goal for your session with a speech pathologist?						
Additional Information						
Please write any additional information to assist with your appointment:						



Consent & Media

I consent to the release of my medical and other relevant information to Hastings Macleay Speech Pathology.

I also agree to the ongoing correspondence between my Medical Professionals and Allied Health Professionals with Hastings Macleay Speech Pathology.

I authorise Hastings Macleay Speech Pathology or any authorised person acting on their behalf, to photograph me, take motion pictures of me, video footage of me and make electronic sound records of me for any purpose, including, but not limited to educational, reporting and other public media as may be deemed appropriate by Hastings Macleay Speech Pathology.

Consent to share information:
[]Yes
[] No
Media Consent:
[]Yes
[] No

Cancellation Policy

Hastings Macleay Speech Pathology's ("HM Speech") Cancellation and Attendance Policy is designed to ensure:

- 1. That HM Speech can operate efficiently and that our Speech Pathologists are available when needed.
- 2. Consistency of intervention in line with Speech Pathology best practice guidelines.
- 3. That other clients who may be waiting for therapy don't miss out unnecessarily.

HM Speech aims to provide quality care in a timely manner.

No shows, late arrivals and cancellations are an inconvenience not only to us as providers, but to our other patients as well. Available appointments are in high demand and your early cancellation will allow other patients to access our care.

Please be aware of the following policy regarding missed appointments:

- Clients who fail to show for their scheduled appointment or did not notify the office within 48 hours of their scheduled appointment will be charged at 100% of the usual rate. For example, if your appointment is at 2pm on Wednesday, you need to advise us by 2pm on Monday.
- Patients must cancel via a phone call.



In the event of a true and unavoidable emergency we will not charge a cancellation fee. An emergency situation could be any of the following and will be at the discretion of HM Speech:

- Traffic Delays or vehicle breakdowns
- Child-care issues
- Weather events such as flooding or bushfires
- Hospitalisation

If your Speech Pathologist is sick, we will let you know as soon as possible and offer a replacement session. You will not be charged for this cancelled session.

Please print your name to confirm:		

Please email this completed form to reception@hmspeech.com.au and we will contact you regarding the next available appointment.