

## Paediatric Intake Form - Over 9 Years Old

### About Your Child

Name:

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Current age & DOB:

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Address:

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Phone number:

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Who lives at home? (Include names and shared care details):

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GP and practice name:

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Tell us about your child (personality, interests, dislikes, hobbies):

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Person completing this form (your name):

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Contact information (if different):

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Parent/Carer's Occupations:

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### **Reason for Referral / Current Concerns**

Please include detailed information about your concerns for your child's speech, language, and overall development. Refer to difficulties with speech sounds, language expression and understanding, social interaction, play, feeding, stuttering, AAC, or literacy.

Write your concerns here:

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Please select all that apply

- ☐ Speech sounds
- ☐ Spoken language
- ☐ Understanding language
- ☐ Social language
- ☐ Play skills
- ☐ Feeding
- ☐ Stuttering
- ☐ AAC
- ☐ Literacy

### **Funding Information**

Do you have any funding to support your appointments?

- ☐ NDIS - ECEI package
- ☐ Private health insurance
- ☐ Medicare EPC/CDM Plan
- ☐ No funding - paying privately

NDIS Plan Manager (if applicable):

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NDIS Number:

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NDIS Plan Dates:

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Amount of Funding available for Speech Pathology:

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Coordinator of Supports (if applicable):

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Medicare number:

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Expiry:

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Child's number on card:

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Private health insurer:

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### **Service Type Requested**

What kind of service do you wish to access?

- ☐ Assessment only
- ☐ Assessment and therapy
- ☐ Parent/care-giver support
- ☐ Therapy for speech sounds
- ☐ Therapy for language understanding
- ☐ Therapy for language use
- ☐ Group therapy sessions
- ☐ Feeding skills therapy

NDIS participants: How much funding or hours do you wish to allocate for Speech Pathology?

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### **Medical & Background Information**

Medical diagnoses or relevant history (if any):

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Languages spoken at home:

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Is your child of Aboriginal or Torres Strait Islander descent?

☐ Yes

☐ No

Hearing test (when, where, results):

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Has your child had a history of:

☐ Ear infections

☐ Frequent colds

☐ Seizures

☐ Allergies

☐ Asthma

☐ None of the above

Comments:

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Is your child exposed to environmental tobacco smoke?

☐ Yes

☐ No

Family history of:

☐ Speech/language difficulties

☐ Literacy difficulties/dyslexia

☐ Stutter

☐ Hearing loss

☐ Mental health difficulties

☐ Learning difficulties

☐ Other

Family history details:

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### **Other Professionals & Education**

Has your child seen or been referred to:

☐ Speech Pathologist

☐ Paediatrician

☐ ENT

☐ Physiotherapist

☐ Occupational Therapist

☐ Psychologist/Counsellor

☐ Dietitian

☐ Other

Please explain if you selected any of the above:

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### **Speech Pathology Goals**

Please write down your goals for Speech Pathology:

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What would your ideal outcome be from visiting the Speech Pathologist?

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Any additional information:

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## 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.

In the event that you are the carer for a sick child AND you advise us of this with 48 hours notice then we will reschedule your appointment. Alternatively, we can offer a Telehealth session.

Please print your name to confirm:

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Please email this completed form to [reception@hmspeech.com.au](mailto:reception@hmspeech.com.au) and we will contact you regarding the next available appointment.