



# Soul Speech Pathology - New Client Form

## Adult

ABN: 33 654 854 609

Clinic Location: Suite 5/12 Alma Road, New Lambton NSW 2303 (Access Via Cromwell Street)

Phone: (02) 4942 1516

Email: info@soulspeech.com.au

**Client  
Name**

**DOB**

**Pronouns**

**Address**

**Level of  
Schooling  
Completed**

**Occupation**

**GP Name  
and Clinic:**

**Previous  
Diagnoses**

**NDIS  
Number**

**NDIS  
Plan Expiry**

**How is your funding managed?**

**Self Managed:**

☐

**Plan Managed:**

☐

**Plan Manager name/contact**

**Medicare  
No.**

**Medicare  
Expiry**

**Emergency Contact**

**Name**

**Phone**

**Email**

**Address**

**Alternative contact (if preferred)**

**Name**

**Phone**

**Email**

**Address**

**Preferred Parent for Text/Email Reminders**

☐

**Please send to my own number**

☐

**Please send to my contact**

**Do you give Soul Speech Pathology Permission to contact your nominated person/people in regards to your care such as if there is an emergency? These people will only be contacted for these purposes, and further contact will require your permission.**

**Yes**

☐

**No**

☐

**Do you identify as Aboriginal or Torres Strait Islander?**

**Yes**

☐

**No**

☐

**Languages Spoken at home**

**Personal Strengths**

**Personal Areas you want to improve**

**Do you have current care arrangements? E.g., Supported Independent Living?**

**Please outline if you have difficulties in any of the below areas**

**Language**

**Speech**

**Gross  
Motor**

**Fine Motor**

**Toileting**

**Sleeping**

**Diet**

**Personal  
Care**

**Is there anything else we need to know?**

**Medicare:** Some clients are eligible for The Chronic Disease Management (CDM) program managed by their GP. The CDM provides up to five (5) partially rebated sessions per child per calendar year (Aboriginal and Torres Strait Islander Clients receive an extra five (5) sessions under this program). The rebate amount is \$55.10 per session, however can only be claimed once the session is paid in full. The claim can be made via the medicare app (not in clinic). Please contact your General Practitioner (GP) to see if you are eligible for this program.

**Private Health Insurance:** Being able to claim speech pathology services is dependent on your insurer. Please contact them for more information.

**The National Disability Insurance Scheme (NDIS):** The NDIS provides funding for therapies and some other supports for eligible clients. Soul Speech Pathology is able to provide services for Self Managed and Plan Managed clients only.

**Payment:** Payment must be made on the day of service for Private and Self Managed clients. If you are plan managed, your plan manager has 7 days to pay their invoice. If your invoice remains unpaid 7 days past service, Soul Speech Pathology has the right to cancel your next appointment or withhold reports until this invoice is paid. Please reference our list of fees to understand payments for your appointments.

**Cancellation:** At Soul Speech Pathology, we spend a significant amount of time planning and preparing for your session. We reduce the amount of clients we see in a day to ensure we are able to provide the best service to you and your family. To protect ourselves, our quality practice and our company, it is our policy we charge the full fee if you cancel within 2 business days of your appointment. If you cancel before two business days, your fee will be waived. This includes for non-emergency and emergency situations (such as sickness).

**Fees:** Below we have provided a basic summary of our fees. Please note these fees are subject to change at the discretion of our clinicians.

**Initial Consultation:** \$200

**Assessments:** \$200 for the first hour, \$175 per subsequent hours

**Ongoing Therapy:** \$185

**NDIS Participant standard rate:** \$193.99 per hour

Please note there may be additional costs if a report is needed. Travel costs apply for mobile services.

Please note that the information you have provided above will be kept by Soul Speech Pathology for clinical purposes. This information may be used in reports or letters that are provided to Doctors or Educators for example.

By signing below, you acknowledge the following:

- Your information will be held by Soul Speech Pathology and reviewed by your speech pathologist for clinical purposes. This information may also be included on reports or letters that are provided to Doctors or Educators.
- You understand the fee arrangements, and understand that there is a cancellation policy that applies to your appointment.
- You understand that payment is due on the day of service and Soul Speech Pathology has a right to terminate your appointments if your accounts remain unpaid 7 days past your appointment.

Signed \_\_\_\_\_

Name:

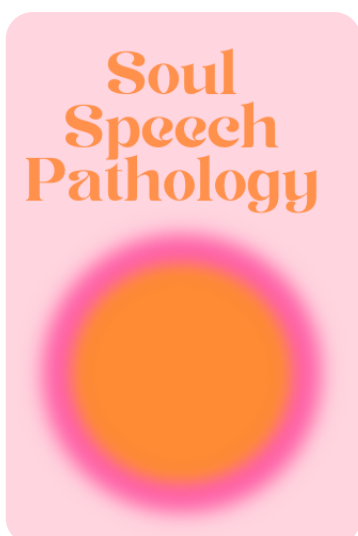
Date:

If the person who completed this form is not the client (e.g., a carer or guardian) please state your details below

Signed \_\_\_\_\_

Name:

Date:



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ABN: 654 854 609

Mobile, In-Clinic and Telehealth Services Available