RIVERSIDE SPEECH PATHOLOGY

INTAKE FORM

1. Parent/Guardian Contact Details

Full name	
Address	
Email	
Phone	
Who referred you to Riverside Speech Pathology?	

2. Child's Details

Full name			
Date of Birth			
Gender	☐ male	☐ female	☐ other
Languages spoken other than English			
School & Grade			
Does your child have any diagnoses? If so, please state.			
Does your child have NDIS funding?	☐ Self-managed If plan managed, please name plan provider: ____	☐ Plan managed	☐ NDIA
Are you willing to share your child's relevant NDIS goals?	☐ Yes	☐ No	
Does your child have a care plan? (EPC/CDMP)	☐ Yes	☐ No	
Has your child previously attended speech therapy? If so, please provide details			
What are your main concerns regarding your child's communication?			

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3. Availability

AM (Before School)	During School Hours	PM (After School)
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
☐ Available any day/time during the week * For clients looking to receive services at our clinic, being available during school hours will likely reduce your wait time for an appointment.		

4. Reason for referral (select all areas of concern that apply to your child):

Understanding Language	Using Language	Speech Sounds
☐ Following simple instructions ☐ Learning basic concepts (names, colours, objects) ☐ Understanding conversations ☐ Needs directions/information to be consistently repeated ☐ Listening and maintaining attention **For bilingual children:** ☐ The child has difficulty understanding/using their home/main language	**For the younger child:** ☐ Gestures/pointing ☐ Single words ☐ 2 word combinations ☐ Sentences of 3 words or more **For the school-aged child:** ☐ Putting words together to form sentences ☐ Describing or retelling an event or story	☐ Difficulty saying a few sounds ☐ Difficulty saying many sounds ☐ The child become distressed if they are not understood ☐ Family has difficulty understanding the child ☐ Others have difficulty understanding the child ☐ Dribbling beyond 2.5yrs
Social/Emotional Skills	**Stuttering (3yrs+)**	**Literacy**
☐ Playing with other children (tends to play alone at 3yrs or older) ☐ Maintaining eye contact ☐ Transitioning between activities ☐ Difficulty with new people, experiences or changes ☐ Managing emotions ☐ Aggression ☐ Understanding others' emotions ☐ Cooperating with parents ☐ Cooperating with others (e.g. carers, school staff)	☐ Stuttering on & off for more than 6mths ☐ Blocks or gets stuck on a word so that no sound comes out ☐ Stretches sounds (e.g. mmmmum) ☐ Repeats sounds, words, or phrases ☐ Is frustrated by the stuttering ☐ Shows signs of physical tension when stuttering (e.g. head jerking, hand/toe tapping)	☐ Identifying letters and their sounds ☐ Blending sounds together to make words (e.g. c-a-t = cat) ☐ Identifying sounds in words (e.g. drop = d-r-o-p) ☐ Reading and spelling simple words (e.g. pin, log) ☐ Reading and spelling complex vowel rules (e.g. spade; goat)

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5. Agreements:

- ☐ I am the parent/guardian of this child.
- ☐ I agree to Riverside Speech Pathology contacting me in relation to assessment and therapy services.
- ☐ I understand I will be required to complete additional paperwork before therapy services can commence (e.g. a service agreement, permission to exchange information and other consents).
- ☐ I understand I can withdraw my consent at any time.
- ☐ I understand that my availability may impact how quickly my child accesses therapy and that it is my responsibility to advise Riverside Speech Pathology if any of the above information changes.

Riverside Speech Pathology strongly believes that your child should be matched with the best therapist for their needs. If we do not feel that we have the skills or experience to support your child, we will kindly help you find a more suitable therapist.