

Speech Pathology Intake Form

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Paediatric Clients, aged 2-17 years of age • Clients experiencing communication difficulties that negatively impact their participation in everyday life, in a range of areas: <ul style="list-style-type: none"> ➢ Speech sounds ➢ Language ➢ Social communication ➢ Play ➢ Literacy ➢ Stuttering ➢ Social skills groups • Basic (Level 1) and Standard (Level 2) Assistive Technology to facilitate communication e.g. AAC 	<ul style="list-style-type: none"> • Behaviour management referrals with complex mental health or behavioural difficulties, without an actively involved lead mental health clinician – Refer to Psychology • Developing Behaviour Support Plans - Refer to Behaviour Support Practitioner • Voice difficulties – Refer to specialised SLP • Dyslexia assessments– Refer to specialised SLP • Feeding and swallowing difficulties - Refer to specialised SLP

Our SLPs do not work with presentations in the exclusion criteria above. Please tick the box below to confirm your understanding of the exclusion criteria:

Yes – I have read and understood the exclusion and inclusion criteria

Please see [Speech Pathology Australia's "find a SLP" page](#) for specialisations

Please complete as much information as possible and send to info@desilvakc.com

Date of Completion:		Your Name:	
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Client's Details

Full Name		Date of Birth	
Address (incl. Postcode)			
Gender Identity		Cultural Identity	
Preferred Language		Interpreter Required?	
Educational Setting (School, Childcare, Kinder)			
Health Conditions (Diagnoses, Medications)			

Preferred Contact Person Detail

Contact Name	
Relationship Type	
Email Address	
Phone Number	

Funding Details			
Funding Type <i>(Please tick one)</i>	NDIS <input type="checkbox"/>	Medicare <input type="checkbox"/>	Private <input type="checkbox"/>
NDIS Number <i>(if applicable)</i>		How are the NDIS Funds managed?	
		Plan Manager Name <i>(if applicable)</i>	
Has the NDIS Plan or a screenshot of goals and allocated funding been attached with referral form?			

Are there any family court orders in place?
<input type="checkbox"/> Yes <input type="checkbox"/> No Child lives with: <input type="checkbox"/> Both parents in one home <input type="checkbox"/> Both parents in 2 separate homes. If so, what is the percentage split? Other? Please describe:

Provision: Services Sought (Pick one, both or skip if unsure)			
<input type="checkbox"/> Assessment <i>(Assessing what is currently occurring for the client regarding the areas of concern)</i>		<input type="checkbox"/> Intervention <i>(Implementing strategies with the client to address areas of concern)</i>	
Type of Assessment <i>(if known)</i>		Preferred Session Frequency <i>(Please tick one)</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly
Type of Report <i>(if required)</i>		Other Frequency	
Format of sessions	<input type="checkbox"/> Face to face (in clinic) <input type="checkbox"/> Outreach (home, educational setting) <input type="checkbox"/> Virtual	Format of sessions	<input type="checkbox"/> Face to face (in clinic) <input type="checkbox"/> Outreach (home, educational setting) <input type="checkbox"/> Virtual
Please also include –			
Preferred day/s of the week:		Preferred time slot/s:	
Would you like your child to join a social skills group?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Reason for Referral/Summary of Concerns: *(Please provide as much detail as possible)*

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Are there further concerns with any of the below areas?

<input type="checkbox"/> Speech sound production	<input type="checkbox"/> Understanding of language	<input type="checkbox"/> Use of language	<input type="checkbox"/> Literacy	<input type="checkbox"/> Social communication
<input type="checkbox"/> Play	<input type="checkbox"/> Advocating for self	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other:

Additional Services that may be required:

<input type="checkbox"/> Occupational Therapy	OTs support with meaningful engagement in everyday occupations including: play, mealtimes, dressing, and other activities that are important to your child
<input type="checkbox"/> Psychology	Psychologists support with the mental health wellbeing of your child and the family

Referrer Details

Referral Source	<input type="checkbox"/> Internal (from DSKC) <input type="checkbox"/> External	Referral Date	
Name			
Agency/ Organisation			
Email			
Contact Number			

How did you hear about De Silva Kids Clinic?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Google	<input type="checkbox"/> Social Media	<input type="checkbox"/> Our website	<input type="checkbox"/> GP
<input type="checkbox"/> Other Allied Health Practitioner	<input type="checkbox"/> Support Co-ordinator			
<input type="checkbox"/> Other:				

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Date Received		Processed	
Contacted		Service Agreement Sent	