



Skills 2 Talk Speech Pathology

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Case History

Client's name: _____

D.O.B: _____

Address: _____

Caregiver Names: _____

Caregiver Mobile Numbers: _____

Caregiver Email: _____

Siblings: _____

Reason for referral: _____

Source of referral: _____

Has your child ever seen a SP before? _____

School: _____

Family history: _____

Birth History (please comment if any difficulties with pregnancy, birth or any complications following birth):

| | |
|----------------|-------------------------|
| GP Name | Practice Details |
| | |

Tell us more about your child's skills. What age did they...

| | | |
|----------------|---------------------|----------------------------|
| Sit: | Crawl: | Walk: |
| Babble: | First Words: | Put words together: |

Do you have any concerns with your child's...

| | | |
|-----------------------|--|---------------------------------|
| Coordination? | Hearing (including middle ear infections)? Formal Hearing Test? Y / N | Attention/Concentration? |
| Social Skills? | Speech Clarity? | Other: |

Does your child see any specialists (e.g. Paed, ENT, OT, Dietician etc.)...

| | |
|------------------------|------------------------|
| Specialist Name | Contact Details |
| | |
| | |

| | |
|--|--|
| | |
|--|--|

Current language status:

Anything else you would like us to know?

Please note 24 hours' notice is required for cancellations. If you do not provide enough notice or fail to attend a session without contacting the therapist you will be charged 50% of the session fee.

I _____ acknowledge and provide consent for
(please tick if you agree):

- Information to be shared with my child's GP and identified specialist staff
- Information to be shared with my child's teacher
- My child to be videotaped for analysis of their speech and language skills
(not to be shared with anyone other than the primary therapist)
- Provision of 24 hours' notice for cancelling sessions. Failure to do so may result in being charged 50% of the session fee.

Signature

Date