

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

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SPEECH PATHOLOGY NEW REFERRAL FORM

CLIENT DETAILS

Client's Name:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: <input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
School:	<input type="text"/>	School Phone:	<input type="text"/>
Teacher's Name:	<input type="text"/>	Year at School:	<input type="text"/>
Sibling's Name(s):	<input type="text"/>	Sibling Age(s):	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

MEDICAL INFORMATION

Medicare No:	<input type="text"/>	Enhanced Primary Care Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N
Family Doctor:	<input type="text"/>	Doctor Phone:	<input type="text"/>
Doctor Address:	<input type="text"/>		
Referrer's name:	<input type="text"/>	Referrer Phone:	<input type="text"/>
Referrer Address:	<input type="text"/>		
Medical Condition/Previous Diagnosis - <i>please describe if applicable:</i>	<input type="text"/>	Medication(s) - <i>please list if applicable:</i>	<input type="text"/>
Hospitalisation(s): <input type="checkbox"/> Y <input type="checkbox"/> N <i>(if yes, please describe below):</i>	<input type="text"/>	Allergies - <i>list if applicable:</i>	<input type="text"/>

MOTHER'S DETAILS

Mother's Name:	<input type="text"/>		
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Occupation:	<input type="text"/>	Mobile No.:	<input type="text"/>
Email Address:	<input type="text"/>		

FATHER'S DETAILS

Father's Name:	<input type="text"/>		
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Occupation:	<input type="text"/>	Mobile No.:	<input type="text"/>
Email Address:	<input type="text"/>		

LIVING ARRANGEMENTS

Primary carer(s):	<input type="text"/>		
Current Custody arrangements: <i>- if applicable:</i>	<input type="text"/>	Languages spoken at home:	<input type="text"/>
Email Address(s):	<input type="text"/>	Mobile No(s):	<input type="text"/>
	<input type="text"/>		<input type="text"/>

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Unit 1, 46 Hudson Street
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MAIN CONCERNS

Mother:

Father:

DEVELOPMENTAL HISTORY: (if relevant)

Language Delayed Age Appropriate Advanced

Babbling:

First words:

Combining 2-3 words:

Making a sentence:

Understanding directions:

Motor Skills Delayed Age Appropriate Advanced

Sat up independently:

Crawl:

Walk:

Self-feed:

Go to the toilet:

Feeding History Delayed Age Appropriate Advanced

Eating solids:

First months: DROP DOWN MENU

Eating Difficulties Y N

Chewing food:

Swallowing liquids:

Current/previous drooling:

Diet - Please describe

DEVELOPMENTAL HISTORY *continued* ...

Hearing: Y N

Frequent ear aches:

Frequent colds:

Previous hearing assessment:

Hearing aids:

Grommets:

MEDICAL ASSESSMENT/HISTORY

Has your child been assessed by any of the following professionals? *If yes, please provide a copy of report.*

Y N

Speech Pathologist:

Neuro-Psychologist:

Paediatrician:

Psychologist:

Endocrinologist:

Audiologist:

School Counsellor:

Occupational Therapist:

Behavioural Optometrist:

Immunologist:

PRESENTING CONCERNS AT HOME AND AT SCHOOL

1) Expressive Language

- Difficulty asking for help
- Difficulty with asking questions
- Has trouble expressing thoughts
- Has trouble describing things to people (e.g. forgets some of the information)
- Uses poor grammar when talking
- Gets upset when people don't understand
- Difficulty sequencing events (e.g. putting events in the right order when telling a story)
- Lacks facial expressions, gestures or body language
- Limited vocabulary (e.g. doesn't use a variety of words when talking)
- Repeats words or sentences more than once
- Gets 'stuck' on words
- Unable to speak in complete sentences (e.g. misses some words)

PRESENTING CONCERNS AT HOME AND AT SCHOOL

2) Receptive Language

- Difficulty following spoken directions / instructions (e.g. gets confused or forgets easily)
- Trouble remembering what people say
- Difficulty understanding the meaning of words
- Difficulty understanding new ideas

3) Speech (articulation of sounds)

- Unfamiliar listeners have difficulty understanding your child (i.e. speech intelligibility)
- Gets certain sounds mixed up when talking (e.g. says 'w' for 'r')

4) Social

- Aware of the difficulties they are facing
- Poor eye contact (e.g. looks away or down when talking to others)
- Difficulty making new friends
- Seems less mature than their peers (e.g. has interests similar to younger children, acts young)
- Poor turn taking skills when playing or talking
- Often refuses to go to school, camps, carnivals (e.g. thinks of excuses not to go)
- Prefers to play alone (e.g. avoids after school play, avoids playground, avoids interaction with others)
- Reluctant to talk to peers (e.g. doesn't interact, stands back, allows others to take control)
- Talks about inappropriate things (e.g. seems immature, talks about own interests)
- Lacks facial expressions or gestures when communicating

5) Auditory Processing

- Does not listen to directions
- Does not respond to name
- Needs extra time to respond to questions
- Sometimes misunderstands what is said
- Responds with "huh" or "what" in response to questions

6) Sensory

- Difficulty avoiding objects in the way (e.g. trips over toys, walks into things)
- Does not respond well to loud noises
- Dislikes noisy settings (e.g. hates crowded areas)
- Does not respond well to certain food and clothing textures (e.g. rough surfaces, wearing socks, mashed potato)
- Dislikes having teeth/hair brushed

7) Behaviour

- Is argumentative (e.g. continual confrontations)
- Seems to lack empathy (e.g. displays little concern over others)
- Self-harms (e.g. hitting head, picks skin, pulls hair)
- Struggles to conform (e.g. consistently defiant, ignores the word 'no')

8) Mental health

- Low self-esteem (e.g. doubts themselves)
- Lack of confidence (e.g. presents as shy, easily intimidated)
- Can become easily irritated/frustrated
- Prefers to be alone

9) Attention/concentration/organization

- Presents as selectively inattentive (e.g. highly attentive when using technology)
- Becomes bored easily (e.g. needs constant stimulation, struggles with objects they find difficult)
- Has difficulty completing school tasks (e.g. can't concentrate)
- Struggles to sit still for long periods of time (e.g. fidgets, hyperactive, impulsive)
- Is easily distracted (e.g. can't study with background noise, always feels they are missing out)
- Has difficulty organising self (e.g. poor executive functioning, needs constant reminding)

PRESENTING CONCERNS *continued* ...

10) Gross and fine motor skills

- Avoids sports
- Appears uncoordinated
- Poor hand writing (e.g. unable to write on the line, writes letters backwards, untidy)
- Appears to be slow when writing (e.g. complains of a sore hand/arm)

11) Literacy/learning

- Has difficulty expressing ideas in writing
- Has trouble identifying letters/sounds
- Reverses letters/numbers, writes words backwards, writes letters out of order
- Has difficulty sequencing letters and words when writing
- Experiences difficulty with the 'mechanics' of writing (e.g. spelling, punctuation)
- Is a slow reader
- Difficulty understanding what has been read (e.g. has to re-read information several times)

ADDITIONAL INFORMATION

Please list any additional information you feel relevant:

CONFIDENTIALITY

The gathering of information is a necessary part of assessment, diagnosis and treatment procedure, and is seen only by the Clinician. All information gathered in this document will not be disclosed to any other person, body or agency unless:

1. You give us permission
2. A written report is compiled and permission is given to forward the report to another professional or agency/school
3. It is authorised or required by law
4. It meets one of the other exceptions in the Australian Privacy Principles

FEES

Fees and report costs are payable at the end of the session.

DECLARATION

Information gathered from: Signature:
Relationship with child: Date: