



ecm

EDUCATIONAL CASE MANAGEMENT CLINICAL ALLIED HEALTH SERVICES

✉ info@ecmonhudson.com

☎ 02 4969 8060

🖱 www.ecmonhudson.com

REFERRAL FORM

CHILD SPEECH PATHOLOGY

Title: Dr Mr Mrs Ms Master Miss Other:

Last Name: First Name: Middle Name:

Preferred Name: Date of Birth:

Sex: Male/Female/Intersex/Other: Male Female Intersex Other Pronouns:

Do you identify as Aboriginal: Yes No and/or Torres Strait Islander: Yes No

Home Address:

Suburb: State: Postcode:

Mobile No: Work No: Email:

Text: Yes No Email: Yes No Can we leave a voicemail? Yes No

Siblings Name(s) and Ages

Have you ever attended an Educational Case Management clinic? Yes No

EDUCATION / EMPLOYMENT

Do you attend school? Yes No Name of School: Year:

Are you currently undertaking Tertiary Education? Yes No

Are you currently employed? Yes No Place of Work: Occupation:

GENERAL PRACTITIONER

GP Name:

Practice Address:

Phone: Email:

Do you have a Care Plan from your GP or Specialist? Yes No Who has referred you to ECM: GP Specialist

Organisation: Yes No Name of Organisation:

NDIS Provider: Yes No Name of Provider:

INSURANCE INFORMATION

Medicare Card Number: Number on Card: Expiry:

Pension/Health Card Number: Yes No Card Number: Expiry:

Private Health Insurance: Yes No Private Health Provider Name:

Private Health Insurance Card Number: Number on Card:

Are you on the National Disability Insurance Scheme Yes No NDIS Number:

NDIS Self-Managed: Yes No NDIA Managed: Yes No PACE Managed: Yes No

Plan Managed: Yes No Please provide Plan Manager's Name:

EMERGENCY CONTACT- LEGAL GUARDIAN/PARENT INFORMATION OR NEXT OF KIN

Full Name: _____ Relationship to client: _____
Home No: _____ Mobile No: _____ Work No: _____
Email Address: _____
Suburb: _____ State: _____ Postcode: _____
Text: Yes No Email: Yes No Can we leave a voicemail? Yes No

FAMILY DETAILS (IF APPLICABLE)

1. Parent/Carer/Guardian Details

Parent Name: _____ Mobile: _____

Address: _____

Family History Mental Health Yes No Diagnosis: _____
Family History Learning Problems Yes No Diagnosis: _____
Are there current Parenting Orders: Yes No Please Describe: _____

2. Parent/Carer/Guardian Details

Parent Name: _____ Mobile: _____

Address: _____

Family History Mental Health Yes No Diagnosis: _____
Family History Learning Problems Yes No Diagnosis: _____
Are there current Parenting Orders: Yes No Please Describe: _____

MEDICAL INFORMATION

Special medical needs, conditions, diagnosis, illnesses, allergies: Yes No

Describe: _____

Medical History:

Are you currently on medication: Yes No Current Medication: _____

Does the client require any extra support when attending the clinic? Yes No Communication Interpreter

Behaviour	Mental Health	Medical Condition	Physical Access	Completing Forms (Easy Read Version)
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MAIN CONCERNS

Mother: _____

DEVELOPMENTAL HISTORY: (IF RELEVANT)

Language Delayed Age Appropriate Advanced

Babbling: _____

First words: _____

Combining 2-3 words: _____

Making a sentence: _____

Understanding directions: _____

Father: _____

Motor Skills Delayed Age Appropriate Advanced

Sat up independently: _____

Crawl: _____

Walk: _____

Self-feed: _____

Go to the toilet: _____

PRESENTING CONCERNS AT HOME AND AT SCHOOL

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)

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

BANK DETAILS (AUTOMATIC PAYMENT FOR SERVICES)

Bank Account Name:

Bank Account Number:

BSB Code:

Or

Credit Card (Name on card):

Expiry Date:

Card Number:

CVC:

Fees:

Fees (consultations, telehealth, therapy, groups, reports, and resources) are payable at the time the service is provided. A \$80.00 deposit is required when the initial consultation is scheduled by the Administration Team. Fees will vary depending on Allied Health Professionals discipline hourly rates ranging from \$185 to \$270. Report fees will depend on Allied Health Professionals discipline hourly rates and will be governed by a time frame from 1 hour (Summary Reports) to 12 hours (Psychological, Functional and/or Behavioural Reports). Supports for participants under the National Disability Insurance Scheme (NDIS) will be subjected to NDIS Pricing Arrangements and Price Limits 2024-2025- charged at the hourly rate specified for each discipline. Please visit <https://www.ecmonhudson.com> for information regarding Allied Health Professional Services and Fees.

1. It is subpoenaed by a court; or
2. Suspected or reported risk of harm to self or others (i.e. suicidal or self-harm ideation/plan/intent; homicidal ideation/plan/intent); or
3. Criminal act requiring reporting to the Policing Services; or
4. Current alleged or actual observed abuse, harm or neglect to a client requiring reporting to authorising bodies as per NDIS Practice Standards (this could include, for example, Child Safety/ Protection bodies across States and Territories or the NDIS Quality and Safeguarding Commission); or
5. Your prior approval has been obtained to: a. provide a written report to another professional or agency, e.g. GP, school or a lawyer; or b. discuss the material with another person, e.g. a parent, employer or health provider; or c. disclose the information in another way.

Cancellation Policy:

ECM has put in place a cancellation policy to ensure that enough time is provided to offer the appointment time to another client. If less notice is provided, other clients may miss out on obtaining the services they require. Amendments to appointments must be made via phone (02 4969 8060) or via email (info@ecmonhudson.com) and must be made within 2 business days of the appointment scheduled. A Debt Collection service may be used to collect outstanding debts if not paid. A 100% consultation fee will occur if ECM is not notified within 2 business days. This also applies to participants supported by the NDIS and includes cancellations, rescheduling, or failure to attend appointments.

Please note ECM are mandatory reporters and obligated to report ALL suspicions and allegations of abuse. GP's require review letters throughout the year that often include a summary of sessions. For those on the NDIS, it is a requirement to provide (at a minimum) a progress report at each review stage.

Emergency Contacts

Please note we are not an emergency service; our phones and emails are not constantly monitored. In an emergency situation please contact 000 for police/ambulance.

Privacy and Confidentiality

All personal information, assessment results, and documentation collected by ECM Allied Health Professionals is confidential. All documentation is stored securely and locked with Zanda Management password system and Authenticator, and can only be accessed by the ECM clinicians treating the client and/or administration team who are also bound by confidentiality.

- Police or Ambulance - 000
- Mental Health - 13 14 65 Lifeline - 13 11 14 or www.lifeline.org.au
- Kids Helpline (5-25 years) - 1800 55 1800 or www.kidshelpline.com.au
- Suicide call back service - 1300 659 467 or www.suicidecallbackservice.org.au

Limitations to confidentiality

All personal information gathered by the therapist during the provision of therapeutic services will remain confidential except when:

Please email info@ecmonhudson.com or call 02 4969 8060 if you have any questions about this form. Please bring all reports and relevant information to your initial consultation.

I (Print Name)

give / do not give

permission for ECM to Forward the ECM Newsletter and updates to the recorded email address.

CONSENT

I (Print Name)

confirm that I have read the information and

that information provided is accurate to my knowledge. I consent for ECM to provide treatment &/or service, retain information on their secured and confidential data base and share (if necessary) with Medical Practitioner/Specialist for the purpose of reporting on a condition after assessment and/or treatment (if required).

I have signed the Informed Consent form

Yes No

Client Signature:

Date:

If client is under 18 years of age Parent/ Carer/Guardian/Responsible Person:

Name:

Signature:

Date: