



CONTACT INFORMATION

Childs Name:	_____	Referred by:	_____
Date of birth:	_____	Private	NDIS client
Parents name(s):	_____	NDIS number:	_____
Contact number(s):	_____		
Siblings:	_____	How is NDIS funding managed:	
Address:	_____	Self Managed	
	_____	Agency Managed	
	_____	Plan Managed	
Email:	_____		
Childcare/kindy/school:	_____		
Contact number:	_____		
Teachers name:	_____		

CASE HISTORY

Does your child have a diagnosis? If yes, please list.

\_\_\_\_\_

What concerns do you have about your child's communication/feeding skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first have these concerns?

\_\_\_\_\_  
\_\_\_\_\_

What concerns do others have about your child's communication/feeding skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to achieve from speech pathology sessions?

\_\_\_\_\_  
\_\_\_\_\_

What languages are spoken at home?

\_\_\_\_\_

Has your child ever received speech pathology services? If yes, where and when?

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What are your child's strengths and interests?

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Has your child had their vision and hearing checked? If yes, where and when?  
What were the results?

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Have any family members had any speech, language, hearing, or learning difficulties?  
If yes, who? Please describe:

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Has your child had any surgery/hospitalisations? If yes, please describe.

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Is your child taking any medications regularly? If yes, please list.

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Tell me about your child's developmental milestones eg sitting, walking,  
first words, toilet training.

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Does your child receive other services? (eg Physiotherapy, Psychology)  
If yes, please list.

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I give permission for you to speak with the following people regarding my child:  
(eg Paediatrician, Teacher, Occupational Therapist)

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