

Shout

SPEECH LANGUAGE THERAPY

New Client Contact Details

Name:

Female

Male

DOB:

Age:

Address:

Phone:

Email:

Next of Kin / Caregiver:

Relationship to client:

Contact Details:

Facility/School:

GP:

Paediatrician:

Ethnicity:

Not disclosed		NZ Māori		Iwi:		NZ European	
Tongan		Niuean		Cook Island Maori		Samoan	
Chinese		Asian					

How did you find out about SHOUT Speech Language Therapy

Website

Facebook

Word of mouth

Previous client

Referred by GP

Referred by other (please specify)

Please complete the remainder of the form as best you can. All the information requested is helpful to us and will allow us to provide the most appropriate service or possibly refer to other agencies in your community. If you have any difficulties completing this form please make contact on 027 777 4688

Reason for Consultation

What are your main concerns for the child/youth at present? Please be as specific as possible

What communication and social problems did/does the child have?

Does the child present with learning problems? If yes please describe

Does the child present with behavioural problems? If yes please describe

What do you hope to gain from this consultation?

Please name anyone outside of the family that has particular concerns about your child's development

Who lives in the family home? Are there others that take care of the child?

Consent for the collection/receipt of information:

I,(legal guardian) authorise and give permission to SHOUT Speech Language Therapy LTD to receive information either verbally or in writing about my son/daughter.....from the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> MOE Learning Support | <input type="checkbox"/> District Health Board |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Oranga Tamariki | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Allied Health Professionals | | <input type="checkbox"/> Other |

I also give consent for SHOUT Speech Language Therapy to access this information from the above.