









## Speech Pathology Client Information for Paediatric Clients

The confidential information in this form helps us prepare to see your child and understand their development. This helps us provide appropriate assessments and intervention. Please fill this out to the best of your knowledge. This form is for parents/guardians/carers; we refer to the child as “your child.”


	Child's name (& preferred terms)			
	Child's date of birth			
	Child's country of birth			
	Child's address			
	Is your child of Aboriginal and/or Torres Strait Islander origin?		Yes	No
	Carer/s' names			
	Carer/s' email address			
	Carer/s' phone number			
	Carer/s' address			
	Are there other children in the family or living with this child?	Name	Age	Lives at home
	Has anyone in the family experienced:	Speech/language difficulties	Yes	No
		Education/learning difficulties	Yes	No
		Physical disabilities	Yes	No
		Developmental disabilities	Yes	No
		Emotion regulation difficulties	Yes	No
		Attention difficulties	Yes	No
	If yes, please give details including their relationship to your child.			
	Language/s at home	Language	Child understands	Child speaks
	Is your child an NDIS participant?	Yes	No	
		Participant number		




	If yes, how is the plan managed?	Self-managed NDIA/agency-managed	Plan/Third-party managed ( <i>specify name</i> )
	Why is your child coming to see us?  Please note that we do not currently provide a paediatric swallowing service. Visit <a href="https://www.speechpathologyaustralia.com.au">Speech Pathology Australia</a> to find an alternate service.	Select all that apply	
		Social skills Voice Stuttering Reading Other (specify)	Writing Understanding language Saying words and sentences Speech clarity
Please tell us as much as you can about how you'd like us to help your child.			

The next questions are about **pregnancy and birth**. This information helps us understand the problems your child experiences.


	Were there any difficulties during pregnancy? Eg. Rh disease, foetal distress, emergency caesarean	Yes	No	
		If yes, please give details		
	Birth	Born at	weeks	Birth weight
	Did your child receive any special treatment at birth? Eg. transfusion, humidicrib	Yes	No	
		If yes, please give details		

The following questions are about how your child has met their **developmental milestones** and their general health. This provides background information for their development of speech and language.

	Age your child started to:	Roll	Sit	
		Crawl	Walk	
		Become toilet trained: [day] [night]		
	Does your child:	Fall or lose balance easily?	Yes	No
		Seem awkward or clumsy?	Yes	No
		Have unusual habits?	Yes	No
	Please list any significant health concerns, hospital stays, and at what age these occurred.			


	Has your child had:	Hearing test ( <i>approx. date</i> )		Yes	No
		Location		Results	
		Eyesight test ( <i>approx. date</i> )		Yes	No
		Location		Results	
		Grommets ( <i>approx. date</i> )		Yes	No
		Location		Results	
	How often does your child have:	A cold or flu	Often	Sometimes	Rarely
		Ear infections	Often	Sometimes	Rarely
		Fits or convulsions	Often	Sometimes	Rarely
	If any of these occur please note the most recent occurrence and treatment:				
	Please provide details of any familial health concerns.				
Please provide details of any current medication/s?					
	Does/did your child exhibit any of the following?	Feeding problems as a baby		Yes	No
		Eating/drinking problems		Yes	No
		Fussy eating		Yes	No
		Snoring		Yes	No
		Breathing through their mouth		Yes	No
		Suck their thumb or dummy		Yes	No
		Please give details of any of the above			

The next few questions are about your child's schooling. This helps us understand the ways that we might best help your child.


	Did/does your child attend:		Did not attend	Attended	Age began
		Playgroup/day care			
		Preschool			
	Primary school				
	What is your child's current school?	School Name/address			
Grade					
School contact person/teacher					
Days attending		Mon	Tues	Wed	Thurs
Please describe any difficulties at school.					


How does your child feel about school?		
Did your child change schools or repeat any classes?	Yes	No

The next group of questions is about your child’s speech and language development. If we can better understand how your child has developed in relevant areas we can better tailor our intervention.


	At what age did your child begin to	Babble	
		Use single words	
		Put two words together	
		Use longer sentences	
	Do you think your child has difficulty with their communication skills?	Yes	No
		If yes, please provide more details if possible.	
	Who first noticed any difficulties?		
	Is your child aware of these difficulties?	Yes	No
	Is your child teased about any difficulties?	Yes	No
	What do you do when any difficulties occur?	Yes	No

The final section of questions is about your child’s play, hobbies, and any other difficulties. This helps us ensure sessions are tailored to meet your child’s needs and interests.

	Does/did your child have difficulty with:	Sleeping	Yes	No
		Concentrating	Yes	No
		Finishing activities	Yes	No
		Following directions	Yes	No
		Organising themselves	Yes	No
		Challenging behaviours	Yes	No
		Emotions	Yes	No
		If any of these occur, please provide more information.		
	Please describe your child’s interests and hobbies.			
	Please describe your child’s play skills.			
Please describe how your child gets on with	Adults			
	Siblings			
	Other children			

 <p>Is anyone else involved in care with your child? <i>Please provide their contact details for liaison for your child's care (this will only occur after further discussion with you)</i></p>	Paediatrician
	Physiotherapist
	ENT
	Speech pathologist
	School counsellor
	Occupational therapist
	Special needs teacher
	Psychologist

Please tell us how you found our clinic and add any other information that you feel is relevant.

	<p>How did you hear about us?</p> <p>Speech Pathology Australia</p> <p>GP</p> <p>Family or friends</p> <p>Other (specify)</p> <p>MQ staff member (please note how you heard about us)</p>
	<p>Any other comments?</p>

**Teaching Clinic:** Services are provided by student speech pathologists under supervision of Certified Practicing Speech Pathologists (CPSP). Wait times will vary and intake are aligned to student placement intake and staff capacity. Please see the attached fees teaching-clinic and "What to Expect" document.

**CPSP-Only:** Some individuals may be eligible to be seen without students, at the "CPSP Only" rate. Please tick if you wish to discuss this service and ensure you review the fees.                      Yes                      No

<b>Name</b>	<b>Date Completed</b>
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Please return this completed form to be eligible to join our waiting list. To ensure our service is suitable for your child we may contact you for further information.