
















Speech Pathology Client Information for Adult Clients

We are primarily a teaching clinic, where services are provided by student speech pathologists under supervision of Certified Practicing Speech Pathologists (CPSP). This attracts a 40% discount on standard fees. Some clients can choose to be seen within the teaching clinic or with a CPSP-only (attracts full fees). Please speak to us if you would like to see a CPSP-only.

	Full name	
	Preferred name and preferred pronoun/s	
	Address	
	Email address	
	Phone number	
	Date of birth	
	Alternative contact person	
	Phone number	
	Language/s spoken	
	Country of birth	
	Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
	Are you an NDIS participant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Participant number
	If yes, how is your plan managed?	<input type="radio"/> Self-managed <input type="radio"/> Agency/NDIA-managed <input type="radio"/> Plan/3rd party-managed
	Occupation / Education	
	Significant medical history / Diagnoses	

	<p>Do you receive any formal support?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say </p>
	<p>If yes, which of the following do you receive?</p>	<p> <input type="radio"/> Occupational Therapist (OT) <input type="radio"/> Physiotherapist <input type="radio"/> Dietitian <input type="radio"/> Support Coordinator <input type="radio"/> Specialist Disability Accompany <input type="radio"/> Psychologist <input type="radio"/> Psychiatrist <input type="radio"/> Other (specify) </p>
	<p>Hobbies/ Interests</p>	
	<p>Why are you coming to see us?</p>	<p>Select all that apply</p> <p> <input type="checkbox"/> Eating/drinking <input type="checkbox"/> Writing <input type="checkbox"/> Speech clarity <input type="checkbox"/> Voice <input type="checkbox"/> Reading <input type="checkbox"/> Stuttering <input type="checkbox"/> Understanding <input type="checkbox"/> Joining in with friends <input type="checkbox"/> Gender affirming voice training <input type="checkbox"/> Talking <input type="checkbox"/> Expressing myself <input type="checkbox"/> Communication <input type="checkbox"/> Other (specify) </p>
	<p>Please tell us as much as you can about how you'd like us to help you.</p>	
	<p>Have you seen a speech pathologist before?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<p>If yes, please tell us as much as you can about this.</p>	
	<p>How did you hear about us?</p>	<p> <input type="checkbox"/> Speech Pathology Australia <input type="checkbox"/> GP <input type="checkbox"/> Family or friends <input type="checkbox"/> Other (specify) <input type="checkbox"/> MQ staff (please note how you heard about us) </p>

You may be able to choose to be seen by a CPSP only. Usually, off-site visits require CPSP only.

If possible, I am interested in seeing:

A Certified Practising Speech Pathologist (CPSP) **only** (see SP fees)
 Teaching clinic with students supervised by a CPSP (see teaching clinic fees)

Please return this completed form to make your first appointment. We may contact you for further information before your first appointment.