

PRIVATE CLIENT REFERRAL FORM



Holistic Speech Pathology
PO Box 282, Pomona, QLD, 4568 |
0412358372 | marni@holisticspeechpathology.com.au | www.holisticspeechpathology.com.au

CLIENT DETAILS

Name

Date of
Birth

Gender

Address

Suburb

State

Post Code

Email

Phone

Living arrangement Alone Family/Partner Supported Accommodation Other

Who is the primary contact? (NOK/Carer/Gardian)

Name

Phone

Relationship

Email

Preferred
Language

Translator/interpreter or communication aids required?

REFERRER DETAILS

Please select this box if you are referring yourself or your child

Name of organisation

First Name

Last Name

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REFERRER DETAILS

Phone

Post Code

Email

State

Job Title/Role: Family/Partner Health Professional Support Coordinator Other

REFERRAL REASON

Please provide the primary diagnosis / disability (e.g., Intellectual Disability, Cerebral Palsy, Multiple Sclerosis, Developmental difficulties etc)

MEDICARE AND PRIVATE HEALTH

Do you have a Medicare referral from your GP/Paediatrician: Yes No

If you have a Medicare care plan/ Referral please provide a copy along with this referral.

Do you intend to use your private health insurance for speech pathology services?

Yes No

Please note: We strongly recommend you check your entitlements with your insurer as Holistic Speech Pathology will not be able to claim on your behalf nor check your entitlements or out-of-pocket costs.

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GP CONTACT DETAILS

Name of Organisation

First Name

Last Name

Email

Phone

Please provide details of any support services in place:

REFERRAL REASON

INITIAL ASSESSMENT

THERAPY SERVICES

REVIEW ASSESSMENT

AAC: AUGMENTATIVE AND ALTERNATIVE
COMMUNICATION

ADDITIONAL INFORMATION

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SERVICES

Hourly Rate

The Hourly rate for speech pathology services is \$180 / Hr
Minimum session times apply.

Preferred Delivery of Services?

Community - local park, library room etc	Home Workplace	School/ daycare	Other - please specify below
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PAYMENT

NOTE: The invoices will be sent to the person listed below. You are required to pay Holistic Speech Pathology's invoice in full on the day the service is provided and then claim any rebates from Medicare and Private Health (if applicable). Holistic Speech Pathology is not responsible if you do not receive a rebate from Medicare or Private Health, it is your responsibility to check your rebate entitlement.

Name

Name of Organisation (if applicable)

Phone

Email

Cancellation and non-attendance policy:

You may be charged a short notice cancellation fee where you do not provide at least two (2) clear business days' cancellation notice for your agreed speech pathology service. The therapist may charge up to 100% of the expected costs for the assessment/therapy and travel time.

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SAFETY

In order to proceed with your referral all questions must be answered as we provide services in the home environment.

Is anyone at your/the client's property,
known to be aggressive or violent? yes/no?
if yes, details:

Does the client have a positive
behaviour support plan in place? yes/no?
if yes, details:

Is there a history of drugs or alcohol
misuse at the property? yes/no?
if yes, details:

Are there any firearms being stored at
the property? yes/no?
if yes, details:

Are there any pets at the property? yes/no?
if yes, details:

Is there anything else we should be
aware of? yes/no?
if yes, details:

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TO COMPLETE THIS REFERRAL FORM SIGN & RETURN

Please return completed form to:

marni@holisticspeechpathology.com.au

Person completing this form:

Please insert your name, sign and date to authorise Holistic Speech Pathology services to commence, based on the information provided in this form.

Print Name:

Signature:

Date: