

COMPREHENSIVE LITERACY & SPEECH

ABN: 68118771343

Referral/Case History Form

Date completed _____

Name	Date of Birth	Age
Parent 1	Parent 2	
Address	Postcode	
Email	Best mobile contact for SMS = Name	
Languages other than English spoken in the home:		
Form completed by		
Emergency Contact Name (NOT parent 1 - Relationship to client)		
MOB		

Child lives with

Birth parents Foster parents One parent Adoptive parents

Parent & step parent Grandparents Other

Are there any custody issues that may affect distributing information? YES NO

Relevant court orders – provided

Other children in the family

Name	M/F	Age	Year	Any Speech/ Language/ Hearing/ Other Diagnoses

Schooling

Attends childcare / kinder / preschool / school	Days: M T W Th F Full time (Circle)
Has your child repeated a grade? Which level?	Best / Favourite subjects/ Interests
Subjects they find difficult? / Dislikes?	Are they receiving assistance in this/ these subjects? Please describe
School and Year Level	Teacher

Who referred you?

GP Recommended by friend/family member
Paediatrician. Website/Google search Facebook School referral

Contact: 0488 781407

Email: literacynspeech@gmail.com

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Reason for Referral

- Speech sounds* - Do you feel your child has a speech problem? (They can't say some sounds properly?)
- Understanding language* - Do you feel your child sometimes doesn't understand you or ignores you?
- Communicating effectively* - Does your child become frustrated because you can't understand them?
- Literacy/ Learning* - Are you concerned about your child's literacy and learning at school?

Is there a family history of literacy/ learning difficulties (dyslexia) Relationship?.....

Hearing linked to language or speech delay - Has your child had hearing difficulties/ recurrent ear infections YES NO When?.....

Did your child have treatment with grommets YES NO

At what age were grommets inserted At what age were grommets removed/ came out

Is the hearing issue resolved? YES NO

Hearing aid YES NO Uses an FM system/ other system at school

Social skills/ social communication difficulties related to ASD – Will often interpret people literally or may have trouble having conversations or making and keeping friends.

Stuttering – the repetition of sounds, words or phrases and the feeling of words or sounds getting 'stuck'

Has your child had a previous speech or language assessment? When?

Who? Do you have access to a copy YES NO

Has your child received previous speech therapy YES NO Where.....

What was the focus of this therapy

Has your child received any other evaluation or have any diagnoses

Is there a detailed report YES NO Do you have access to a copy YES NO

Hearing checked NO YES Date..... **Eyesight checked** NO YES Date

Outcomes of the above checks:

Birth and Developmental History

The child's developmental and birth history may sometimes give indications that there have been difficulties that impact speech, language or learning in later life.

Was there anything unusual about the pregnancy or birth? YES NO

Was the pregnancy 'full-term' YES NO If born premature at how many weeks?

Time spent in ICU.....? Came home at age

What were the health difficulties the child experienced when born early?

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Can you recall the approximate age your child achieved the following developmental milestones?

_____ sat alone	_____ grasped a crayon/ pencil
_____ babbled	_____ said first words
_____ put 2 words together	_____ spoke in a short sentence
_____ crawled	_____ walked
	_____ was toilet trained

Does your child experience any difficulties with eating/ drinking/ extreme food fussiness?

Does he/ she often choke or gag on food? / Refuse to give up their dummy

Does he/ she refuse certain foods based on texture? / Based on how food is arranged/ served?

Does your child eat/ put/ unusual items in their mouth? / Continue to suck fingers/ thumb?

Is your child able and willing to brush their teeth?

Current health

Has your child experienced any other serious injuries/ surgery

Is your child currently or recently under a paediatrician/ physician's care?..... If Yes Please list below:

Has your child been given any specific diagnoses?.....

Does your child take any regular medications? Please list

*Please list the names and contact details of the individuals involved in your child's care:

Professionals involved in care	Name	Clinic/ Address/ Email	Report available? <input type="checkbox"/> Yes	Permission to share? <input checked="" type="checkbox"/> Yes Reg / Neg
Paediatrician				
GP				
Psychologist				
Occupational Therapist				
Teacher/Other				

To ensure the process of quality treatment provision, information about your child's assessment results and progress may be given to other relevant service providers, who are involved in your child's management. With your permission these may include your child's doctor, specialists, teachers, NDIS planners and/or other allied health practitioners, but only where it is considered to be of benefit to your child's progress. Please indicate above who permission is given to share information with or whether this is on a regular (Reg) or negotiated (Neg) basis

Signed: Date

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Current Language and Speech Use

Does your child ... Yes or No

- repeat sounds, word or phrases over and over?
- understand what you are saying?
- retrieve/ point to common objects upon request? (ball, shoe, your nose)
- follow simple directions? ("Shut the door" Get you shoes")
- respond correctly/ appropriately to yes/ no questions?
- respond appropriately to **all** other questions? who what where when why

How does your child communicate now?

- body language/ gestures/ pointing
- sounds (grunting or vowel sounds)
- single words
- 2-word sentences
- 3-4-word sentences
- Short simple sentences only
- Complete & complex sentences longer than 10 words

Are you concerned about your child's behaviour or social skills?

Would you describe your child as... Yes or No

- cooperative
- attentive
- willing to try new activities
- having separation difficulties
- easily frustrated / impulsive
- stubborn
- able to make and keep friends
- restless
- giving poor or no eye contact
- easily distracted/ having a short attention span
- destructive or aggressive
- displaying inappropriate behaviour for their age
- displaying self-abusive behaviour
- able to manage transitions & changes well

Preferred venue, days and times

Other notes

*Please also complete **Service Agreement**

Copies of the full Privacy Policy are available on request or online at: www.literacynspeech.weebly.com

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