

Suite 5/42-44 Urunga Pde, Miranda 2228 P: 7226 5332 info@vickersteamcare.com.au vickersteamcare.com.au

NEW PATIENT FORM

Many thanks for reviewing our privacy policy and fees and acknowledging that you understand the information.

Many thanks for also taking the time to complete our NEW PATIENT information form and e-mailing the completed form and any reports to Amy at info@vickersteamcare.com.au

Information about privacy

It is extremely important that we protect your privacy and do not share any information about you or your child without your permission. There are times when sharing information can be important. We would appreciate it if you could read the information below to understand and give us permission to share information.

Sharing information with other health professionals- As part of the assessment and therapy for you or your child it may help the speech pathologist to talk to and share information with other professionals involved in their care (e.g., teacher, principal, GP, OT, paediatrician). We will only share information with the people you give permission for on this form. We will only ever share information that would be important for the care of yourself or your child. If you change your mind, just let us know, and we will update the form.

E-mailing reports, session note, homework and Invoices- It is usual to e-mail information to you and to professionals involved in you and your child's care. Although it is unlikely, there is always a risk that the e-mail is not secure and someone else may access this information. Please indicate below if you would prefer us to communicate only by phone /post/in person or if you would like a document password protected.

Speech Pathology Fees from 1 February 2022

Consultation Type	Cost
Full speech and communication assessment and comprehensive report. This is a discounted fee and includes 60 minutes with the therapist and 90minutes report preparation	\$250
Therapy session at the rooms per hour	\$180
Therapy session at the rooms per half hour	\$90
Home or school visit therapy session per hour	\$193
NDIS fees for home/school or at the rooms per hour *	\$193

^{*} Travel time may be charged depending on circumstances

Cancellation Policy- We appreciate as much notice as possible and there is no charge if cancellation is 48 hours before the consultation.

If cancellation is less than 48 hours before the consultation the consultation fee will be charged but the time will be spent creating resources for the client additional to resources used within the consultation.

I have reviewed and agree to the privacy policy and fees schedule.

I am happy for Vickers TeamCare to share information with the teachers and health professionals that I have indicated on the information form.

I am happy for reports, session note, homework and invoices to be e-mailed unless I have indicated otherwise.

Name of client or Representative	Ī	Date



FIRST NAME	DATE OF BIRTH	
KNOWN AS	HOME PHONE	
LAST NAME	MOBILE NUMBER (parent)
ADDRESS	WORK NUMBER (parent)	
E-MAIL ADDRESS (parent)	Do you consent to	being sent e-mails and texts?
	YES/NO	
MEDICARE/DVA NUMBER	REF NUMBER	EXPIRY DATE
PENSION CARD OR CONCESSION CARD NUMBER EXPIRY DATE		EXPIRY DATE
NEXT OF KIN (include name, relationship and contact next of kin. What school/preschool/daycare does your child attend, and on what days?	What is the name o	f the school/preschool/daycare child's main teacher/carer?
Is your child of Aboriginal or Torres Strait Islander origin? YES/NO	What is your child's	cultural background?
Living arrangements (Who lives at home with your	What is the main la	
child?)		nguage spoken at home, and es are spoken at home?
child?) What are your concerns about your child and reason	what other languag	es are spoken at home?
, 	what other languag	es are spoken at home?



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How is your child's appetite and are they a fussy eater?				
Helpful information if you can remember? Approximately what age:				
was your child when they started babbling (e.g. bababa)?				
was your child when they said their first words?				
was your child when they started putting 2 words together				
was your child when they first crawled?				
was your child when they took their first steps?				
Do you have any concerns about your child's fine or gross motor skills? (like walking, jumping, drawing)	Do you have any concerns about your child's behaviour or mood?			
Does your child have any important past or current medical problems and are they under the care of any specialists or on any medications? (e.g. operations, sever reflux, sleep apnoea, recurrent ear infections, asthma, peanut allergies, diabetes)				
Does your child have any allergies?	Is there any important family history?			
Names and details of any Teachers/ Health professionals involved in your/your child's care you are happy for the speech pathologist to share information with.				
Funding type: NDIS, EPC, PRIVATE For NDIS patien	patients Service agreement signed on Date:			
Additional information. (Include any instructions for us about the sharing of information or any other information that you would like us always to be aware of)				