



SPEECH PATHOLOGY REFERRAL FORM

CLIENT DETAILS

First name		Last name	
Client D.O.B.		Gender	☐ Female ☐ Male ☐ Non-binary ☐ Other:
Contact person		Phone number	
Email address			
Home address			
School/Educational setting			

REFERRER

Name			
Relationship to client	☐ Support Coordinator ☐ Healthcare Provider ☐ Family ☐ Other, please detail:		
Organisation		Phone Number	
Email Address			

INITIAL CONSENT

Thrive and Flourish Speech Pathology may need to contact the person listed above to better understand the client's circumstances and to ensure that the client is connected to the supports that best meets their needs. Does the client approve this? ☐ Yes ☐ No

FUNDING

NDIS number		Contact person	
Plan start date		Plan finish date	
Plan type	☐ Self managed ☐ Plan managed ☐ Agency managed ☐ Other - please detail:		

Thrive & Flourish Speech Pathology
ABN 12 290 315 737

 www.thriveandflourish.com.au
 0493 706 792
 nelly@thriveandflourish.com.au

 **Speech Pathology Australia**
Certified Practising Speech Pathologist



Accounts email

BACKGROUND INFORMATION

Please provide the primary physical disability or psychological disability (eg: Intellectual Disability, Cerebral Palsy, Multiple Sclerosis) *

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How does the individual currently communicate: *

Please select all that apply	
☐ High-level language use as expected for their age	☐ Non-speaking
☐ Spoken language (phrases and sentences)	☐ Uses gestures/body language to communicate
☐ Spoken language with limited ability to use language functionally to get needs met	☐ Uses AAC (e.g. visuals, communication boards, AAC device)

Desired Outcomes/Goals

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SAFETY

Safety concerns related to the client's behaviour or home	☐ No ☐ Yes – please detail:

FOCUS AREAS FOR SPEECH PATHOLOGY SUPPORT

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Please select all areas that you would like further assessed and/or supported	
☐ Understanding and Use of Language	☐ Literacy
☐ Speech	☐ Cognition and Thinking
☐ Augmentative and Alternative Communication (AAC)	☐ Swallowing
☒ Social Communication and Interaction	☒ Other:

WHAT TO EXPECT

1. Complete the referral form and service agreement for an initial assessment which can take between 2-3 hours, including travel, charged at the relevant NDIS hourly rate (see below). Then book in with the Speech Pathologist.
2. An initial assessment includes an introduction to Speech Pathology services and a review of the client's current abilities and challenges. The Speech Pathologist will work with you in identifying your needs/goals, map out the coming sessions (where they will take place and with who), as well as plan for regular 'parent only' meetings.

FEE SCHEDULE

ITEM NUMBER	ITEM NAME & NOTES	UNIT	METRO/REGIONAL (MM1-MM5)	REMOTE (MM6)	VERY REMOTE (MM7)
15_005_0118_1_3	Capacity Building - Improved Daily Living	HOUR	\$193.99	\$271.59	\$290.99
15_622_0128_1_3	Capacity Building - Assessment Recommendation Therapy or Training	HOUR	\$193.99	\$271.59	\$290.99

Travel: Therapy travel will be charged at the NDIS rate of \$97 per hour to 30 minutes in MM1-3 each way in the metropolitan area, and for up to 60 minutes each way in MM4-5 regional areas if it is the last appointment or the only appointment.

To check your Modified Monash (MM) zoning, please see the Australian Government locator resource: <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app>

OTHER

If there is anything else you believe the Speech Pathologist should know, please detail it here:

If you feel comfortable, please attach the NDIS plan or extract that includes client goals. This is a quick way to get the Speech Pathologist up to speed on your situation, goals and ensure you have the correct funding to commence services. However, this is completely optional and you can choose to convey the relevant information in any format you prefer.