



Speech Pathology Client Profile (NDIS)

CLIENT	
NAME	
DATE OF BIRTH	
AGE	
PHONE	
EMAIL	
ADDRESS	
DAY-CARE/KINDER/SCHOOL	
NDIS NUMBER	
NDIS PLAN DATES	
NDIS FUNDING	self-managed plan managed
NDIS PLAN MANAGER	T. E.
SUPPORT COORDINATOR	T. E. Support Coordinator (SC)

**What are your current concerns regarding your speech, language, swallowing or motor skills?
(please select)**

speech clarity
 understanding others
 expressing yourself with language
 social communication
 literacy
 fluency
 voice

Additional comments:

What would you like to achieve by doing speech therapy?

Have you ever seen any other therapists relating to these goals?

Who and when (please include reports and relevant information).

MEDICAL

MEDICAL HISTORY

- Surgery
- Hearing/ Vision
- Family History (if relevant)

SOCIAL

FAMILY AND LIVING ARRANGEMENTS	<p>Other communication partners:</p>
INTERESTS	
SERVICE PREFERENCES	
<p>How do you want to access Speech Pathology?</p> <p>teletherapy home kinder/ school</p>	
<p>Preferred time/ days:</p> <p>Monday Tuesday Thursday Friday</p> <p>am pm</p> <p>Comments:</p>	
RISKS	



Is there anything that you can see that may be a barrier to our therapy together? (Religion/food allergies/beliefs/behaviours/scheduling?)