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| Patient Name:  | Date of Birth:  |
| Address:  |
| Medicare Number: |
| Private Health Insurance: Yes/No  | Private Health Insurance Fund: |
| Private Health Insurance Member Number: |
| NDIS Plan cover for therapy services? Yes/No  |
| Description of Concern: *(How can we help you? How long has the concern been a problem? Anyone else in your family with something similar happening? Any other health or communication concerns? Such as chronic health issues like asthma, stroke, etc.)*  |
| What do you want out of speech therapy intervention? What is/are your goal/s? |

Please forward to Northam@wheatbelt.com.au Att: Diane Raby. Fax: 9621 4475