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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](mailto:Northam@wheatbelt.com.au) Att: Diane Raby. Fax: 9621 4475