New England speech Pathology

91 Brae Street (PO Box 1228)
Inverell NSW 2360
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Linda Foskey
Certified Practising
Speech Pathologist

info@newenglandspeechpathology.com.au www.newenglandspeechpathology.com.au

Background Information for Adults

Name	Date of Birth	M F Gender

Yes No *Are you of Aboriginal or Torres Strait Island descent?*	Yes No *Is a language other than English spoken at home?*
Mobile Phone	Emergency Contact Person

Home Phone	Work Phone	Home Phone	Work Phone

Address	Address
City, State, Postcode	City, State, Postcode
Email	Email

Work / Support Services

Occupation	Other settings attended

Days / Hours	Work Phone	Days attending	Work Phone

Referral Information

Who suggested Speech Pathology for you?	Phone Number/Contact details

Reason for Referral

Health Information

Details of previous diagnosis/current concerns (e.g. speech, language, fluency, autism, genetic condition)

GP's Name	Location/Phone Number
Specialist's Name	Location/Phone Number
Previous SP Name	Location/Phone
Hearing Test (Date, Result)	Vision Test (Date, result)
Other services/professionals involved	Other Allied Health Name/designation

Current Medications

- ☐ Ear aches / ear infections ____________________
- ☐ Coughs / colds ____________________
- ☐ Tonsillitis ____________________
- ☐ Epilepsy / seizures / fits ____________________
- ☐ Headaches ____________________
- ☐ Asthma / Bronchial ____________________
- ☐ Allergies ____________________
- ☐ Infectious diseases (measles, rubella, chicken pox etc) ____________________

Check all that apply above and add details

Any other comments?

I give consent to be seen by Linda Foskey Certified Practising Speech Pathologist.
I give consent for Linda Foskey to access information regarding previous speech pathology or medical, dental, academic or other interventions relevant to my Speech Pathology treatment.

Parent's/Guardian's Signature	Date

Thank you for taking the time to fill out this questionnaire
Please return it to: Linda Foskey Speech Pathologist PO Box 1228 Inverell 2360