



Paediatric Speech Pathology Referral

Eligibility criteria:

- 0-6 years old (prior to commencing primary school)
- Single discipline (i.e. speech pathology only) assessment and management required for speech delay, language delay, stuttering or voice disorder.
- NOT currently undergoing assessment for the National Disability Insurance Scheme (NDIS) or approved for NDIS*.

* This service is not for children with a diagnosed or suspected cognitive and/or developmental delay.

Please refer to www.ndis.gov.au or call 1800 800 110 for further information regarding how to make a referral.

Please complete **both sides** of this form and return to:

In person: Community Care Centre
4-12 Clark Street, Wangaratta

Phone: (03) 5722 5679

Fax: (03) 5722 5419

Post: Community Care Centre
P.O. Box 386, Wangaratta, Vic, 3676

Email: CCIA@nhw.org.au

Date of Referral: _____

OFFICE USE ONLY
Date referral received: _____

CLIENT (CHILD) DETAILS

Name: _____

Gender: _____ **Date of birth:** _____

Address: _____

Parent/Guardian Name(s): _____

Preferred parent/guardian contact: _____

Phone: _____ **Mobile:** _____

REFERRER DETAILS

Referrer name: _____

Organisation: _____

Phone: _____

Email: _____

Postal address: _____

PARENT/GUARDIAN CONSENT

I (parent/guardian name) _____, hereby give my consent for (child's name) _____, to be referred to Northeast Health Wangaratta Speech Pathology Services.

I acknowledge that the information provided may be discussed with the relevant health professionals in order to provide the most appropriate service for my child.

Signature: _____ **Date:** _____

Verbal Consent: ☐ Yes ☐ No

REASON FOR REFERRAL: (tick all that apply)**Understanding of Language:**

- ☐ The child does not respond to their name
- ☐ The child does not respond to simple instructions (e.g. 'put the doll under the chair')
- ☐ The child does not understand basic concepts (e.g. names, objects, colours)

Please provide example/s: _____

Use of Language:

- ☐ The child is not using single words (e.g. "chair", "cat")
- ☐ The child is not joining words (e.g. "more drink")
- ☐ The child mixes up the order of words in sentences (e.g. "Go now kinder")
- ☐ The child has difficulties using grammar and word endings (e.g. walking, walked, he/she)

Please provide example/s: _____

Speech or Articulation:

- ☐ The child substitutes sounds (e.g. "tar" for "car", "dun" for "sun")
- ☐ The child leaves sound out of words (e.g. "ish" for "fish", "nake for snake")

Please provide example/s: _____

Stuttering:

- ☐ The child repeats sounds/words/phrases (e.g. B-b-but I want to", "How how how are you?")
- ☐ The child has been stuttering for more than 3 months
- ☐ There is a family history of stuttering

Please provide example/s: _____

Voice:

- ☐ The child speaks too loudly or too softly
- ☐ The child has a husky or hoarse sounding voice
- ☐ The child has a nasal sounding voice (like they have a cold) all the time

Please provide example/s: _____

Play & social skills:

- ☐ The child doesn't make eye contact appropriately when communicating
- ☐ The child has an intense interest in certain objects or activities
- ☐ The child doesn't engage in play with others

Please provide example/s: _____

Additional Information:
