APD PARENT QUESTIONNAIRE

Child's Details

Child's Surname *

Given Names *

Date of birth: *

Gender

- ○ Male
- ○ Female
- ○ Other

Parent/Caregiver's Name(s) *

Mobile Phone *

E-mail Address *

Address *

Street address

Suburb

State

Please select

Postcode

Medicare

Parent's Medicare Number *

Child's Reference Number on the Card (e.g. 1, 2) *

Parent's Full Name as on Medicare Card *

Medicare Expiry Date *

Parent's Date of Birth for Medicare Billing *

NDIS

Are you planning on paying for the APD appointment with NDIS funds?

- ○ Yes
- ○ No

School Details

Child's School *

Year Level/Grade *

Teacher Name

Referral

Was your child referred for an APD assessment

- Yes
- No
- Self-referral

If yes, who referred your child for the test?

What were the concerns that resulted in an APD assessment being booked?

Background Information

Has your child had any significant medical conditions/developmental diagnosis?

- Yes
- No
- Unsure

If yes, please list

Has your child had speech/language development issues?

- Yes
- No
- Unsure

If yes, please comment

Has your child had physical/motor skills difficulties?

- Yes
- No
- Unsure

If yes, please comment

Has your child had grommets in the past?

- Yes
- No
- Unsure

If yes, please provide number of times grommets inserted and year of insertions

Has any family member had speech/language/learning difficulties?

- Yes
- No
- Unsure

If yes, please comment

Please comment on your child's current health

Has your child seen any of the professionals listed below?

- [ ] Speech Pathologist
- [ ] Audiologist
- [ ] Psychologist
- [ ] Counselor
- [ ] Occupational Therapist
- [ ] Physiotherapist
- [ ] Optometrist
- [ ] Ear, Nose and Throat (ENT) Specialist
- [ ] Paediatrician

If yes, please name the specialist and when they were consulted

Please list other professionals not listed above who have been consulted

Who does the child live with? Please list

Medical History

Was there anything unusual about the pregnancy?

- ( ) Yes
- ( ) No

If yes, please explain

Does the child have any diagnosed medical condition?

- ( ) Yes
- ( ) No
- ( ) Unsure

If yes, please list

Does the child have any developmental diagnosis e.g. (Global Developmental Delay, Attention Deficit Hyperactivity Disorder (ADHD))?

- ( ) Yes
- ( ) No
- ( ) Unsure

If yes, please list

Developmental History

At what age did your child sit up unassisted?

At what age did your child walk unassisted?

At what age did your child say their first true word?

At what age did your child begin putting 2 words or more together?

Listening

Is your child easily distracted by noise e.g. television, people talking?

( ) Yes ( ) No ( ) Unsure

If yes or unsure, please describe

Does your child have difficulty paying attention?

- Yes
- No
- Unsure

If yes or unsure, please describe

Does your child avoid listening/talking activities?

- Yes
- No
- Unsure

If yes or unsure, please describe

Is your child able to communicate better in some situations?

- Yes
- No
- Unsure

Please comment

Speech and Language Skills

Does your child have difficulty following instructions/directions?

- Yes
- No
- Unsure

If yes or unsure, please comment

Does your child request instructions/questions be repeated?

- Yes
- No
- Unsure

If yes or unsure, please comment

Does your child confuse similar sounding words e.g. ship vs sheep when listening?

- Yes
- No
- Unsure

If yes or unsure, please comment

Does your child do better when spoken to in a 1:1 setting compared to groups?

- Yes
- No
- Unsure

If yes or unsure, please comment

Does your child realise when they have not understood someone/something?

- Yes
- No
- Unsure

If yes or unsure, please comment

Literacy Skills

Does your child have trouble sounding out words when reading/writing/spelling?

- Yes
- No
- Unsure

Is yes or unsure, please comment

Does your child have trouble blending sounds when reading?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child reverse letters/numbers when writing/reading?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Temperament

Is your child easily distracted?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child tend to day dream?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child appear forgetful?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child do better when shown rather than told what to do?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child talk excessively?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child have trouble relating to peers?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

Does your child dislike/avoid loud noises/sounds?

- ◯ Yes
- ◯ No
- ◯ Unsure

If yes or unsure, please comment

EDUCATION

Please rate how your child performs in the following subjects

Reading

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

Maths

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

Spelling

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

Writing (i.e. Written Expression)

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

Art

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

Music

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

Sport

1 (well below average) 2 (below average) 3 (average) 4 (above average) 5 (well above average)

General

What are your child's strengths?

What are you most concerned about with regards to your child's development?

Do you believe that your child is performing to their best ability at school?

Yes
No
Unsure

If yes or unsure, please comment

Do you feel that your child has concerns about their abilities?

Collection Statement

Allied Health Services

SASHC is required to collect and record personal information about you and your child in order to provide quality allied health services. This may include assessing, diagnosing and providing therapy. This information is relevant to your child's situation, such as your child's name, contact information, medical history and other relevant information as part of providing services to you. This collection of personal information will be a necessary part of the assessment and/or treatment that is conducted.

Purpose of Collecting and Holding Information

All personal information gathered as part of your child's assessment and treatment, is kept securely. In the interest of your child's privacy this information is only used by your child's therapist/s and authorised SASHC staff . Your personal information is retained for record keeping purposes and enables your child's therapist to provide a relevant and informed service to you/your child. A more detailed description is provided in the SASHC "Privacy Policy". This policy is available to you on request.

Access to client information

At any stage you are entitled to access your child's personal information kept on file, subject to exceptions in the relevant legislation. SASHC will discuss with you your different possible forms of access.

Disclosure of personal information

All personal information gathered by SASHC during the provision of allied health services will remain confidential, however, please note that by signing and acknowledging this document, you accept that information will be shared with other allied health professionals involved in your child's care.

Please notify us if you do not wish us to disclose this information or if a child protection/court order is in place.

Audio/Video Recording

As a therapeutic clinic, we often make recordings of sessions and assessments for both analysis and planning. We may also utilise some of these recordings for teaching purposes. Your recordings will be kept secure and will not be shown to individuals not associated with our practice/clinic.

On behalf of SASHC, we undertake that, in respect of any audio/video recordings made, every effort will be made to ensure professional confidentiality and that any use of these audio/video recordings, or descriptions of audio/video recordings will be for professional use only and in the interest of improving professional standards through research and training programmes. Every effort will be made to ensure the anonymity of all those involved in the session.

Do you agree with the audio/visual statement above? *

- ◯ Yes
- ◯ No

Media Release

We occasionally take photos during sessions for educational, promotional, and social media purposes. These images may include identifiable details such as your face and name, and may be used on our website, social media platforms, and in other promotional materials.

Do you give consent to photos being taken and used as above? *

- ◯ Yes, I give consent to the use of my/my child's photos
- ◯ No, I do not give consent to the use of my/my child's photos

Cancellations

Self-funded appointments

A cancellation fee of $193.99 is payable upon any appointments cancelled within 48 hours of the scheduled appointment. We will make every effort to send out reminders for upcoming appointments, however it is your responsibility to inform us if you cannot make these appointments.

No shows will be charged 100% of the appointment cost.

NDIS appointments

We understand that at times appointments will need to be cancelled due to illness and unavoidable circumstances. However, in order to provide an affordable and viable service, SASHC has adopted the following cancellation policy in line with NDIS policy.

We will send out reminders for all scheduled appointments, however, no shows and appointments cancelled within the short notice period (defined by the NDIS as less than 2 clear business days) from the scheduled time will incur a fee of 100% of the agreed fee associated with the activity from the Participant's plan.

Late attendance

We make every effort to send out appointment reminders, and we ask that you respect our clinicians time. Arriving late not only impacts your appointment but also those of other patients scheduled throughout the day. Consequently, we are unable to complete full assessments for late arrivals. Therefore, patients who arrive 10 minutes or more past their scheduled appointment time will not be seen and a full appointment fee will be charged.

Fees and Rebates

Fees Payable

- If you are a Medicare client, you are required to pay the fee in full on the day of the appointment. Your rebate will be processed through MEDICARE and will be deposited into your nominated bank account within 24 hours of service if you are registered with MEDICARE for rebates.
- All private health rebates will be made through HICAPS on the day of the appointment.
- If you are an NDIS participant and the NDIA does not pay any account associated with the service provided you will be legally responsible to pay SASHC for the unpaid accounts.
- Reports of any type will not be released without prior payment.

Consent

I (please print name) *

have read, understood and agree to the above conditions, and as the authorised person, agree to the provision of services by SASHC.

Signature *

Date *