

**PRIORITY ALLIED HEALTH SERVICES (PAHS)
 GP Referral Form - Speech Pathology - Paediatric and Adult**

GP Details			
Referring GP:		Date:	
Clinic:		Phone:	
Signature:			

Patient Details			
Name:		Date of Birth:	
Address:			
Phone:	h:	m:	
Email:			
Primary Diagnosis: (if any)			
Reason for Referral:	Communication	Swallowing	
Other Relevant Medical Information including Illnesses, Accidents, Hospitalisations:			
Health Care Card Holder: Y / N	Low Income Earner: Y / N	ATSI: Y / N	Urgent: Y / N

Parent/Carer/Spouse/Partner		
Name:		Relationship:
Address:		
Phone:	h:	m:

Hearing		Vision	
Does client have good hearing?	Y / N	Does client have good vision?	Y / N
Does client require hearing aids?	Y / N	Does client require glasses?	Y / N
Date Hearing last tested:			
Speech Pathology			
Previous Speech Pathology: Y / N			
Length of Therapy and Provider:			
Specialists			
Other Specialists involved: Y / N			
eg Paediatrician, Occupational Therapist, Physiotherapist, ENT, Neurologist. Details:			

Paediatric Clients Only

Feeding	
Did child have difficulties feeding as an infant?	Is child now able to take range of textured foods?
Details:	
Education	
Is child enrolled in school/preschool/daycare?	
Details:	

Thank you for completing this referral form. Please send to appropriate Speech Pathology Service below: -
until further notice Gloucester clients need to travel to either Taree or Forster for services.

Paediatric – Taree, Forster & Gloucester	Adult - Forster, Taree, Gloucester Paediatric – Forster
Alison Archinal Speech Pathologist 96 Wynter St Taree NSW 2430 E: alison@alisonspeech.com.au T: 0428 852 039 F: 02 6550 6565	Kris Woodyard Speech Pathologist Great Lakes Speech Pathology Forster NSW 2428 E: glsp@bigpond.com T: 0413 267748

Office use only
Received:
Client contacted:
Consent signed:
GP Feedback: