CLIENT INFORMATION

Child's name:		Gender:	☐ M ☐ F	Date of birth:		Age:	
Address:				Email(s):			
Telephone (H):		Telephone (W):		Mobile:			
NDIS (if relevant)	NDIS number: Permission to contact NDIS to discuss child, plan, etc.? ☐ Yes, ☐ No.			Start date: End date:			

FAMILY

Parent(s)/Caregiver(s):		Brothers/sisters (incl. age):
Family history of communication and/or learning difficulties?	☐ Yes ☐ No	☐ Speech/language, ☐ Stuttering, ☐ Autism, ☐ Dyslexia, ☐ Behaviour, ☐ Chromosomal, ☐ Motor, ☐ Sensory, ☐ ADHD, ☐ ODD, ☐ Other:
Additional info/explanation:		

SCHOOL

School/Preschool/Day Care:		Days:	☐ Mon, ☐ Tue, ☐ Wed, ☐ Thu, ☐ Fri.	Grade/Class:	
Teacher's Name:		Email:		Phone:	
Teacher concerns:		Permission to contact school to discuss:		☐ Yes ☐ No	

PREGNANCY/INFANCY/EARLY CHILDHOOD

Any complications with pregnancy/birth?	☐ Yes ☐ No	Info:					
Delivery:	☐ Vaginal, ☐ C-section, ☐ Breach.	Term:	☐ Full term, ☐ Overdue – weeks, ☐ Premature – weeks.				
Any issues with feeding, sleeping, or toileting?	☐ Yes ☐ No	Info:					
Babbled?	☐ Yes ☐ No	When?	months.	Sit up?	☐ Yes ☐ No	When?	months.
First words?	☐ Yes ☐ No	When?	months.	Crawling?	☐ Yes ☐ No	When?	months.
Combining words?	☐ Yes ☐ No	When?	months.	Walking?	☐ Yes ☐ No	When?	months.

SOCIAL/EMOTIONAL SKILLS – which of the following apply?

☐ Temper tantrums, ☐ Easily frustrated, ☐ Impulsive, ☐ Dislikes change, ☐ Perfectionist, ☐ Separation difficulties, ☐ Anxious, ☐ Sensitive, ☐ Quiet, ☐ Difficulty sharing/taking turns, ☐ Difficulties being flexible with rules, ☐ Overly affectionate, ☐ Difficulty making friends, ☐ Difficulty making eye contact, ☐ Socially immature, ☐ Prefers to play alone, ☐ Difficulties understanding other's emotions.

SELF-CARE SKILLS – which of the following apply?

☐ Toilets independently, ☐ Dress independently, ☐ Do up button's independently, ☐ Tie shoelaces, Use cutlery independently - ☐ Knife, ☐ Fork, ☐ Spoon.				
Sleeps well?	☐ Yes, ☐ No.	☐ Falls asleep and stays asleep, ☐ Self-soothes if wakes, ☐ Sleeps with light on, ☐ Sleeps in room independently, ☐ Shares a room with someone -		
Any sleep support(s)?:	Medication: ☐ No, ☐ Yes -		Weighted items: ☐ No, ☐ Yes -	Other:

MEDICAL

Medical condition(s) (if any)?		Diagnosing professional:	
Medication (if any):		Allergies (if any):	
Has your child had:	☐ Ear infection(s), ☐ Asthma/respiratory, ☐ Head injury, ☐ Constipation/diarrhoea, ☐ Hyperactivity, ☐ Sleep issues, ☐ Heart condition, ☐ Mental health, ☐ Other:		
Additional info/explanation:			

SERVICES INVOLVED (previous and/or current professionals involved – assessments, therapy, support, etc.)

Professional	Yes	No	Name	Organisation	Reason involved	Date/duration	Current?
Speech Pathologist	☐	☐					☐Yes/ ☐No
Occupational Therapist	☐	☐					☐Yes/ ☐No
Psychologist/Counsellor	☐	☐					☐Yes/ ☐No
Paediatrician	☐	☐					☐Yes/ ☐No
Ear Nose and Throat Specialist	☐	☐					☐Yes/ ☐No
Audiologist (hearing tests)	☐	☐					☐Yes/ ☐No
Optometrist	☐	☐					☐Yes/ ☐No
Other	☐	☐					☐Yes/ ☐No
How often are you seeing above professionals + goals?:							

HEARING

Hearing assessment?	☐ Yes ☐ No	When?		Company/professional:	
Hearing assessment result:	☐ Normal, ☐ Other:		☐ Grommets: date:	Other info:	

VISION

Vision assessment?	☐ Yes ☐ No	When?		Company/professional:	
Vision assessment result:			☐ Glasses? date:	Other info:	

GENERAL

Who referred you to ABEI?

Name:		Relationship:		Reason:	

Please describe your child's communication, behaviour, and social interactions:

Please describe/list your child's interests/hobbies/favourite activities and toys:

What are your main concerns?:

In the last 6 months, what is the area in which your child has made the *most* progress?:

In the last 6 months, what is the area in which your child has made the *least* progress?:

What would you like to achieve from the visits with your Therapist(s)? – i.e. what are your goals for your child's development?:

Is there anything else you would like to share with the Therapist to better understand your child?:

How did you find out about Above and Beyond Early Intervention (ABEI)?:

INVOICES – to be sent to:

Name:		Organisation (if relevant):		Email:	

PRIVACY AND CONFIDENTIALITY AGREEMENT

- **Recording and storing information**: I understand that any information gathered may be recorded in the client's ABEI electronic file on their electronic cloud-based management system (Cliniko) and will remain confidential within ABEI staff directly relating to the provision of the client's support services.
- **Third-party auditors**: I understand that the client's file could be accessed for the requirement of third-party file audits, which are conducted to ensure ABEI is adhering to standards and policy. I understand that data collected from client may be used for State & Federal government funding reporting purposes.
- **Psychologists**: Registered Psychologists working within ABEI abide by the APS Code of Ethics. I understand that information obtained/collected by Psychologists will be recorded in the client's ABEI electronic file and remain confidential to within ABEI staff that directly relate to the provision of the client's support services.
- **Mandatory reporting**: I understand that all of ABEI's staff are mandatory reporters and are legally required to make report to the delegate state, territory, or national authority if they consider a child to be at risk of harm.
- **Photo, video, and audio consent**: I provide consent for ABEI staff to take video, photo, or audio recording of my child for learning and documentation purposes (assessment, progress monitoring, feedback, etc.). This media may be stored on ABEI staff's hardware/devices (e.g. computer, smartphone, etc.) and electronic management system. Content will remain confidential to ABEI staff members directly providing supports to client.
- **Permission to contact the NDIA**: Nominee provides consent for ABEI to contact the NDIA to discuss Participant, including but not limited to: NDIS plan and planning, NDIS service bookings (ABEI and other external Providers of Participant), personal information, decisions, etc. (where relevant).
- **Full policy**: I understand that if I require further information regarding ABEI's privacy and confidentiality policy, I can access this information on their website under "forms and documents" (http://www.abei.net.au/forms-and-documents.html).
- **Permission to release information**: Nominee provides consent for ABEI to share and request client's information, discuss client, therapeutic plan/outcomes, reports, and progress with other support people, including but not limited to: internal/external professionals, Therapists, and Doctors involved in Participant's care and/or management; Teachers/school; client's family members; Caseworkers/Case Managers; Support Coordinators; NDIS/NDIA (where relevant); etc. ABEI may not release client's records or information to a third party or request information from a third party unless from the support people/agencies listed above or consent (verbal or written) is provided by the Parent/Carer/Nominee. Exceptions to this are:
  - Participant has a notifiable disease or there is some statutory notification requirement (e.g. notification of a case of child abuse); or
  - A court or other agency authorised by statue has issued a subpoena for specific information; or
  - ABEI is seeking information or has been requested to provide information under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998. (N.B. Section 245C of the Act allows a prescribed body to provide information to another prescribed body that relates to safety, wellbeing, or welfare of a particular child or young person or class of children or young persons); or
  - ABEI are seeking information or has been requested to provide information under Section 26B and 26D of the Act concerning the exchange of information about a particular student's behaviour which may give rise to a risk to the health or safety of any person.

FINANCIAL AGREEMENT

- I authorise the treatment of the named client and agree to pay all fees and charges for such treatment before or at the time of the session unless otherwise arranged and confirmed in writing.
- If an NDIS Participant: I authorise ABEI to create service bookings and make claims for all scheduled appointments/services provided as per our verbal agreement and/or service agreement document. In the case that NDIS funding is not available to pay for sessions provided, I will privately pay for outstanding invoices for services provided within this agreement. If any changes regarding NDIS plan occur (e.g. funding changes, plan date changes, funding ceasing, new funding awarded, plan detail/support changes) I will notify ABEI immediately as this may affect billing for services.

ACCEPTANCE OF POLICIES AND PROCEDURES

- I've read and understood ABEI's policies and procedures (http://www.abei.net.au/forms-and-documents.html), which includes costs and general service information. All of my questions regarding the policies and procedures have been answered/addressed by ABEI.

CANCELLATION POLICY

- Outside of NDIS' cancellation guidelines as per NDIS Price Guide (where relevant), ABEI cancellation policy includes the following fees when client fails to attend appointments, provides <4 hours notice (when appointment is in AM of same-day cancellation), or cancels ≥ 9AM on same day of appointment: 1st offence = no charge; 2nd offence = 50% session fee; ≥3rd offence = full session fee.

NOTES

- **Please pass on copies of any documentation**, such as letters and reports, to ABEI (office@abei.net.au) in support of any diagnoses and services provided by other professionals involved in the care and management of your child.
- **Please pass on a copy of your child's NDIS plan**, which will include NDIS goals (if relevant).

PARENT/CARER SIGNATURE:		Date:	