LCC Request for Services

Consumer Information

If question is irrelevant or information not known, write N/A

Please return to;
La Trobe Communication Clinic
Level 4, Health Science Building 1
La Trobe University, Bundoora, Vic 3083
Email: communication.clinic@latrobe.edu.au
Tel: 9479 1921 Fax: 9479 5033

Person for whom service is requested

Family Name:		**Given Name:**	
Preferred Name:		**Date of Birth:**	
Title: (circle one)	Mr Mrs Ms Miss Master Other	**Gender:** (circle one)	Male Female Other
Address:			

Suburb:		**Client Contact Details:**		**Can we leave a message?**
State:		**Home:**		
Postcode:		**Mobile:**		
Car Registration 1: (for parking purposes)		**Work:**		
Car Registration 2: (for parking purposes)		**Email**		

Primary Contact Name / Relationship to Client - *if different from person requesting service* *e.g. parent, carer, guardian, friend, etc*

Primary Contact Name:		**Relationship to Client:**	

Who can we contact if necessary? For example carer, parents, next of kin, guardian, friend, emergency contact, case manager, etc

Contact 1:			**Contact 2:**		
Name:			**Name:**		
Address:			**Address:**		
Suburb:			**Suburb:**		
State:		**P/Code:**	**State:**		**P/Code:**
Relationship to client:			**Relationship to client:**		
Phone:			**Phone:**		
Email:			**Email:**		

Office Use Only:

Clinic:	**UR**:	**Initial Contact Date:**	**INI Completed:**	**EHR:**

Service Requested *(Please tick box)*

- ☐ Preschool Speech/Language
- ☐ Fluency/Stuttering
- ☐ Voice
- ☐ Voice feminisation ☐ Voice masculinisation
- ☐ Primary school-age literacy/reading
- ☐ Other

If other, please specify: _____

Source of Referral *(Please tick box)*

- ☐ 1 Self
- ☐ 2 Family/Friend
- ☐ 3 GP/Medical Practitioner
- ☐ 4 Hospital
- ☐ 5 Psychiatric/Mental Health Service/Gender Dysphoria Clinic
- ☐ 6 Alcohol & Drug Service
- ☐ 7 Other Community/Health Care Service
- ☐ 11 Legal Service
- ☐ 12 Child Protection Agency
- ☐ 13 Community Support Groups/Agencies
- ☐ 14 Centrelink or Employment Service
- ☐ 17 Disability Support Services
- ☐ 18 Aged Care Facility/Service
- ☐ 19 Immigration Department or Asylum Seeker/Refugee Support
- ☐ 20 School/Other Education or Training Institution
- ☐ 31 Early Childhood Service
- ☐ 32 Maternal and Child Health Service
- ☐ 33 Community Nursing Service
- ☐ 35 Family Support Service (excl family violence)
- ☐ 39 Peer Support/Self-Help Group
- ☐ 40 Private Allied Health Provider e.g. Private Speech Pathologist
- ☐ 44 Medical Specialist e.g. Ear, Nose & Throat Specialist
- ☐ 98 Other

If Other, please specify: _____

Source of Referral Contact Details:

Name: _____

Contact details: _____

_____

_____

_____

Country of Birth *(Please tick box)*

- ☐ Australia
- ☐ Other

If other; specify: _____

Main Language Spoken at Home

☐ English ☐ Other

If other, please specify: _____

Interpreter Required *(Please tick box)*

☐ Interpreter not needed

☐ Interpreter needed

Preferred Language: (If not spoken English), including sign language, and any required communication devices or special interpreter needs.

_____

Concession Card Status *(Please tick box)*

- ☐ No Concession Card
- ☐ Health Care Card
- ☐ Pension Concession Card
- ☐ DVA Concession Card
- ☐ Commonwealth Seniors Card

Medicare Card Number: *(optional)*

Please enter your Medicare Card Number:

__ __ __ __ __ __ __ __ __ __ / __

Or, please tick the box if you do not have a Medicare Card: ☐

Refugee Status *(Please tick box)*

- ☐ Current Refugee
- ☐ Not Current Refugee or Asylum Seeker
- ☐ Currently an Asylum Seeker

Indigenous Status *(Please tick box)*

- ☐ Aboriginal but not Torres Strait Islander origin
- ☐ Torres Strait Islander but not Aboriginal origin
- ☐ Both Aboriginal and Torres Strait Islander origin
- ☐ Neither Aboriginal nor Torres Strait Islander origin

La Trobe University respects the privacy of your personal information and health information. Information collected in this form will be used for purposes related to this form in accordance with the University's privacy policies. A copy of the clinic's privacy collection notice is available at: http://www.latrobe.edu.au/communication-clinic/your-rights-and-responsibilities or upon request.