

NEW PATIENT FORM 2025

Many thanks for reviewing our privacy policy below and our fee schedule below and acknowledging that you understand the information.

Many thanks for also taking the time to complete our NEW PATIENT information form and e-mailing the completed form and any reports to Gill at vickersteamcare@gmail.com

Information about privacy

It is extremely important that we protect your privacy and do not share any information about you or your child without your permission. There are times when sharing information is important. We would appreciate it if you could read the information below to understand and give us permission to share information.

Sharing information with other health professionals- As part of the assessment and therapy for you or your child it may help the speech pathologist to talk to and share information with other professionals involved in their care (e.g., teacher, principal, GP, OT, paediatrician). We will only share information with the people you give permission for on this form. We will only ever share information that would be important for the care of yourself or your child. If you change your mind, just let us know, and we will update the form.

E-mailing reports, session notes, homework, and Invoices—It is usual to e-mail information to you and to professionals involved in your and your child's care. Although it is unlikely, there is always a risk that the e-mail is insecure, and someone else may access this information. Please indicate below if you prefer us to communicate only by phone /post/in person or if you would like a password-protected document.

SPEECH PATHOLOGY COSTS FROM 26 JANUARY 2025

ASSESSMENTS, MANAGEMENT PLANS AND REPORTS

ASSESSMENT, REPORT AND COLLABORATION	FACE-TO-FACE APPOINTMENT TIME (DIRECT SERVICE)	REPORT WRITING	TOTAL TIME	COST BASED ON NDIS HOURLY RATE OF \$193.99 FOR 60 MINUTES
Assessment and Assessment Reports (4-5 hours)	2-3 hours Formal assessments take approximately 3 hours, depending on tests and tools. For example, they can include speech, language, social skills. They may also include observation of your child at school or preschool and consultation with teachers.	2 hours Analysing the assessments and writing up the report	4-5 hours	\$193.99/hour Amy will provide an estimate of the number of hours required)
Progress reports Provided yearly detailing NDIS therapy progress and recommendations for the next plan		1.5 hours	1.5 hours	\$290
Contact/Collaboration with other professionals or educators via phone calls, Zoom or emails regarding your child's therapy needs that last less than 10 minutes will not be charged for.				\$193.99/hour or (\$3.23/minute)

CONSULTATION FEES

CONSULTATION	FACE-TO-FACE APPOINTMENT TIME (DIRECT SERVICE)	WRITING NOTES PLANNING FOR THE SESSION, CREATING RESOURCES (NON- DIRECT SERVICE)	TOTAL TIME	COST <u>BASED</u> ON NDIS HOURLY RATE OF \$193.99 for 60 MINUTES	VICKERS TEAMCARE FEE
30-minute consultation	30 minutes	10 minutes	40 minutes	\$ 129.33	\$112
45-minute consultation	45 minutes	15 minutes	60 minutes	\$ 193.99	\$168
1-hour consultation	60 minutes	20 minutes	1 hour & 20 minutes (80minutes)	\$ 258.65	\$224
1.5-hour consultation	90 minutes	25 minutes	1 hour and 45 minutes (115 minutes)	\$ 371.81	\$336
Travelling time	The NDIS Rate of \$193.99/hour (\$3.23/minute) will be calculated if travel time is more than 10 minutes. We try very hard to schedule clients so they are close together, and travel time is less than 10 minutes, so there is no charge.				
Cancellations	<ul style="list-style-type: none"> • If a family cancels with 48 hours or more notice, there is no charge • If a family cancels with less than 48 hours' notice, the session will be charged, and Amy will develop resources or other non-face-to-face support for your child. • If Amy can organise another family to fill your appointment slot, you will not be charged. • If Amy attends and is unable to see your child (e.g., special events, excursion, or refusal), the consultation will be charged. • If there are extenuating circumstances, please discuss with Amy. Excessive cancellations can impact your funding, and the NDIS may contact the provider. To minimise cancellations, changes can be made to accommodate your circumstances (e.g., changing your location to school or taking a therapy break). Please contact Amy if you have any questions or concerns. 				

I have reviewed and agree to the privacy policy and fee schedule.

I am happy for Vickers TeamCare to share information with the teachers and health professionals that I have indicated on the information form.

I am happy for reports, session notes, homework, and invoices to be emailed unless I have indicated otherwise.

Name of the client or Representative

Date

FIRST NAME	DATE OF BIRTH
KNOWN AS	HOME PHONE
LAST NAME	MOBILE NUMBER (parent)
ADDRESS	WORK NUMBER (parent)
E-MAIL ADDRESS (parent)	Do you consent to being sent e-mails and texts? YES/NO
MEDICARE/DVA NUMBER	REF NUMBER EXPIRY DATE
PENSION CARD OR CONCESSION CARD NUMBER	EXPIRY DATE
NEXT OF KIN (include name, relationship and contact number) and EMERGENCY CONTACT if different from next of kin.	
What school/preschool/daycare does your child attend, and on what days?	What is the name of the school/preschool/daycare principal and your child's main teacher/carer?
Is your child of Aboriginal or Torres Strait Islander origin? YES/NO	What is your child's cultural background?
Living arrangements (Who lives at home with your child?)	What is the main language spoken at home, and what other languages are spoken at home?
What are your concerns about your child and reasons for seeing a speech pathologist?	
If you have been referred by someone else could you include their details?	How did you find out about this speech pathology practice?
Has your child ever had a speech pathology assessment or any speech therapy before? If Yes could you please include details?	Has your child ever had a hearing test and what was the result?

How is your child's appetite and are they a fussy eater?	
Helpful information if you can remember? Approximately what age:	
was your child when they started babbling (e.g. bababa)?	
was your child when they said their first words ?	
was your child when they started putting 2 words together	
was your child when they first crawled ?	
was your child when they took their first steps ?	
Do you have any concerns about your child's fine or gross motor skills? (like walking, jumping, drawing)	Do you have any concerns about your child's behaviour or mood?
Does your child have any important past or current medical problems and are they under the care of any specialists or on any medications? (e.g. operations, sever reflux, sleep apnoea, recurrent ear infections, asthma, peanut allergies, diabetes)	
Does your child have any allergies?	Is there any important family history?
Names and details of any Teachers/ Health professionals involved in your/your child's care you are happy for the speech pathologist to share information with.	
Funding type: NDIS, EPC, PRIVATE	For NDIS patients Service agreement signed on Date:
Additional information. (Include any instructions for us about the sharing of information or any other information that you would like us always to be aware of)	