# Adult Pre-Assessment Form

## Your Details

| | | | | |
|---|---|---|---|---|
| **Client** | *First Name* | | *Surname* | |
| | *Birthdate* | | *Occupation* | |
| **Address** | *No* *Street* | | *Suburb* | *City* |
| | *Postcode* | | | |
| **Contact** | *Home Phone* | *Work Phone* | *Mobile* | |
| | *Email* | | | |
| **Doctor** | *Name* | | *NHI number* | |
| | *Medical Centre/GP Surgery* | | | |
| **Specialist** | *Name* | | | |

**How did you find Vocalsaints?**

☐ Google ☐ Internet Search ☐ Yellow Pages ☐ Facebook ☐ Puketiro Centre/Child Development Centre
☐ Referral (By↓)
☐ Client _____ ☐ Specialist _____ ☐ Brochure
☐ Dr _____ ☐ School _____ ☐ Other (please state) _____



enquiries@vocalsaints.co.nz • 433 Hutt Rd, Lower Hutt, 5010
0800 69 77 33 • vocalsaints.co.nz

# Medical Background

Have you had any of the following?

- ☐ Adenoidectomy
- ☐ Allergies
- ☐ Asthma
- ☐ Breathing difficulties
- ☐ Chicken pox
- ☐ Colds
- ☐ Sore ears but no infection
- ☐ Ear infections
- ☐ Grommets
- ☐ Encephalitis
- ☐ Flu
- ☐ Head injury
- ☐ High fevers
- ☐ Measles
- ☐ Meningitis
- ☐ Scarlet fever
- ☐ Seizures
- ☐ Sinusitis
- ☐ Sleeping difficulties
- ☐ Tonsillectomy
- ☐ Tonsillitis
- ☐ Vision problems

*If you have had ear infections, please describe how often and how recently.*

*Have you had other serious injuries or surgery?*

Are you currently (or have you recently been) under a Specialist's care? ☐ Yes ☐ No

*If yes, with whom and why?*

*Please list any medications you take regularly:*



enquiries@vocalsaints.co.nz • 433 Hutt Rd, Lower Hutt, 5010
0800 69 77 33 • vocalsaints.co.nz

vocalsaints

Speech-Language Therapy • Te Awhina Mo Reo Tapu

## Home & Family Factors

Is there a language other than English spoken in the home? ☐ Yes ☐ No

If yes, which one(s): _____

Do you speak the language? ☐ Yes ☐ No

Do you understand the language? ☐ Yes ☐ No

Is there a family history of:

| | | |
|---|---|---|
| Speech delay or disorder | ☐ Yes | ☐ No |
| Language delay or disorder | ☐ Yes | ☐ No |
| Learning difficulties / Dyslexia | ☐ Yes | ☐ No |
| Intellectual impairment | ☐ Yes | ☐ No |
| Hearing impairment / grommets | ☐ Yes | ☐ No |
| Stutter | ☐ Yes | ☐ No |
| Medical diagnosis, e.g. Down Syndrome, Autism | ☐ Yes | ☐ No |

## Speech Language Therapy

What are your concerns about your speech sounds and/or language skills?

- ☐ Speech clarity (i.e. difficult to understand, sound errors, lisp)
- ☐ Understanding other people
- ☐ Expressive vocabulary
- ☐ Sentence structure (putting words together appropriately in the right order)
- ☐ Use of grammar (e.g. past tense, plurals)
- ☐ Word retrieval (e.g. delay choosing a word to say, or saying a similar word like 'lion' instead of 'tiger')
- ☐ Literacy skills
- ☐ Stutter
- ☐ Voice quality
- ☐ Other concerns (or additional details):

Have you ever had speech therapy appointment? ☐ Yes ☐ No

*If yes, when was it and what were you told?*

*What methods have you tried so far, to help improve your speech/language?*

# If You Are Concerned About Stuttering

Is there a known family history of stuttering? ☐ Yes ☐ No

When did you first start to notice a stutter:_____

*Please provide a description or example of the stutter:*

Have you noticed any changes in the stutter since it started ☐ Yes ☐ No

*If yes, please describe:*

Is the stutter episodic (coming and going) or continuous (present most of the time you talk)? ☐ Episodic ☐ Continuous

*What have you tried so far to help improve the stutter?*



enquiries@vocalsaints.co.nz • 433 Hutt Rd, Lower Hutt, 5010
0800 69 77 33 • vocalsaints.co.nz

# If You Are Concerned About Voice Quality

How would you describe your voice? E.g., husky, croaky, monotone, crackly…

What comments (if any) have others made about your quality of voice?

How often do you "lose" your voice (i.e. no sound comes out, or it's much quieter than usual)?

What kinds of environments do you typically speak in?
*E.g., indoors, outdoors, noisy, dusty, air conditioned, on the phone, in front of crowds.*

| | | |
|---|---|---|
| Do you consider your job to be stressful? | ☐ Yes | ☐ No |
| Is singing important to you? | ☐ Yes | ☐ No |
| Do you participate in any activities that facilitate yelling (e.g. sports teams)? | ☐ Yes | ☐ No |
| Do you smoke? | ☐ Yes | ☐ No |
| Have you smoked in the past? | ☐ Yes | ☐ No |

What are the top three most common fluids you drink?



enquiries@vocalsaints.co.nz • 433 Hutt Rd, Lower Hutt, 5010
0800 69 77 33 • vocalsaints.co.nz

# Appointments

What would you most like to achieve from speech-language therapy?

Days and times that **would** normally suit for therapy appointments:

- Monday morning afternoon
- Tuesday morning afternoon
- Wednesday morning afternoon
- Thursday morning afternoon
- Friday morning afternoon
- Saturday morning afternoon

Do you have any current commitments or restraints that may impact on regular engagement in therapy?
*E.g., normally living overseas, about to move house, unpredictable job requirements.*

Additional Comments:



enquiries@vocalsaints.co.nz • 433 Hutt Rd, Lower Hutt, 5010
0800 69 77 33 • vocalsaints.co.nz

# Client Agreement

I agree to allow qualified Speech-Language Therapists from Vocalsaints to collect and store my personal information as recorded in this document, and as may be discussed during therapy sessions.

I understand that, under Principles 3 and 6 of the Privacy Act 1993, I can access the personal information collected by writing to Vocalsaints. Updated contact details for Vocalsaints will be accessible at all times at www.vocalsaints.co.nz.

I give permission for my personal information to be collected by or shared with the following people or agencies *(please list as appropriate. E.g., Wellington Hospital, Plunket, etc.):*

| *Name / Organisation* | *Contact Details:* |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I understand that, by attending Speech-Language Therapy sessions with Vocalsaints Ltd, I agree to the following:

- I will not hold Vocalsaints or its workers liable for my progress or lack thereof.
- I agree to make any payments on the day of service, unless I receive specific written permission from representatives of Vocalsaints to make alternate payment arrangements.
- I agree to Vocalsaints' Cancellation Policy: In the case of missed appointments or cancellations with less than 24 hours of notice being provided, the original fee is still due. Vocalsaints may choose to waive this policy based on individual circumstances, at its sole discretion.
- I agree to my information being used for statistical purposes, provided that the information is used anonymously i.e. in a way that will not identify me in any way.
- I agree that, for the purposes of collaboration or client handover, an additional qualified Speech-Language Therapist may observe my speech-language therapy sessions from time to time, in addition to my primary therapist. The second therapist will be an employee of Vocalsaints.

.

Optional Consent (tick if you give permission):

- ☐ I consent to being photographed and/or video recorded for therapy-related reasons.
- ☐ I consent to being observed in-therapy by a Speech-Language Therapy student from time to time; knowing that sessions will not be disturbed or interrupted by this person.

Name: _____

Signature: _____ Date:_____



enquiries@vocalsaints.co.nz • 433 Hutt Rd, Lower Hutt, 5010
0800 69 77 33 • vocalsaints.co.nz