vocalsaints
Speech-Language Therapy
Te Awhina Mo Reo Tapu

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*	
Who Do You Live With?	*Name*	*Relationship*

How did you find Vocalsaints?

- ☐ Google
- ☐ Internet Search
- ☐ Facebook
- ☐ Brochure
- ☐ Other (please state)_____

- ☐ **Referral (By ↓)**
- ☐ Client_____
- ☐ Dr_____
- ☐ Specialist_____
- ☐ School_____
- ☐ Other (please state)_____

 ©Vocalsaints LTD 2018

vocalsaints
Speech-Language Therapy
Te Awhina Mo Reo Tapu

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? If yes, please explain:

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:

Do you have any difficulties with eating or drinking? If yes, please explain:

Is your communication difficulty causing issues at home or at work? If yes, please explain:

 ©Vocalsaints LTD 2018

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, mumbling)

☐ Understanding what other people say / following directions

☐ Expressive vocabulary

☐ Sentence structure (putting words together appropriately in the right order)

☐ Use of grammar (e.g. past tense, plurals, pronouns)

☐ Word retrieval (e.g. delay choosing a word to say, or saying a similar word like 'lion' instead of 'tiger')

☐ Literacy skills (reading and/or writing)

☐ Stutter/Dysfluency and/or excessive verbal hesitancies or faulters in speech

☐ Voice quality (e.g. hoarse, husky) or voice volume (e.g. unable to control volume)

☐ Rate of speech (e.g. consistently talks too fast and is then difficult to understand.)

☐ 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?

_____

vocalsaints
Speech-Language Therapy
Te Awhina Mo Reo Tapu

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 and is there anything you have found to be helpful?

What do you find helps you? Even if inconsistently?

What advice have you been given?

 ©Vocalsaints LTD 2018

vocalsaints
Speech-Language Therapy
Te Awhina Mo Reo Tapu

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?

 ©Vocalsaints LTD 2018

Appointments

What would you most like to achieve from this appointment?

(e.g.: Gateway to therapy to correct present concerns; to receive advice and guidance; reassurance or confirmation)

_____

_____

_____

_____

_____

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

Note: Therapy involves a commitment to work on recommendations at home between appointments.

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, times of appointments or financial circumstances.

_____

_____

_____

Additional Comments:

_____

_____

Name of the person who completed the form: _____

Signature:_____ Date:_____

The content of this form is so valuable, thank you for taking the time to complete it ready for your first appointment. Please email the completed form to enquires@vocalsaints.co.nz and bring the hard copy along to your appointment.

vocalsaints
Speech-Language Therapy
Te Awhina Mo Reo Tapu

Client Agreement

I agree that qualified Speech-Language Therapists from Vocalsaints can work with and collect personal information for the benefit of service provision where necessary for:

Name: _____ DOB: _____

The information may be collected by or shared with the following people or agencies:

Name / Organisation *Contact Details:*

_____ _____

_____ _____

_____ _____

I understand that, by attending Speech-Language Therapy sessions with Vocalsaints Ltd,

I agree to the following:

- *not* to hold Vocalsaints or its workers liable for my progress or lack thereof.
- to make any payments on the day of service, otherwise I will pay any interest incurred in addition to the original fee, including any necessary collection costs.
- to Vocalsaints' Cancellation Policy: missed appointments or cancellations with less than 24 hours' notice is provided, the original fee is still due unless a doctor's certificate is provided; late payments are also subject to interest accrual.
- to information about myself being used for statistical purposes, provided that the information is used in a way that will not identify me or my family.
- That, for the purpose 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 private therapist. The second therapist will be an employee of Vocalsaints.
- that under Principle 3 and 6 of the Privacy Act 1993, I can access personal information collected by writing to Vocalsaints. Updated contact details for Vocalsaints will be held at www.Vocalsaints.co.nz.

Name: _____ Signature: _____

Date: _____

 ©Vocalsaints LTD 2018