



Referral Form

Client Details

Name	
Date of Birth	
Address	
Phone Number	
Email Address	
Parent/Guardian Name & Contact Details	

Emergency Contact (If different from above)

Name & Contact Details	
Relationship to Client	

Referral Information:

Reason for Referral	
Relevant History	
Additional Information	

NDIS Funding Details (If Applicable)

NDIS Number	
Funding Type	Agency Managed Plan Managed Self-Managed
Email for Invoicing	

Referrer Details

Referrer Name	
Relationship to Client	
Contact Information	
Verbal Consent to Make Referral	
Date of Referral	

Appointment Cancellations:

Once your initial appointment has booked, you agree to Converse Therapy's cancellation policy. Converse Therapy requires that clients provide at least 7 days notices for cancellation of appointments. A cancellation fee applies for less than 7 days notices prior to the scheduled appointment time.

Waitlist Guidelines:

You will be contacted once your referral has been received, and we will be in contact as soon as we have an ongoing therapy appointment available for you. We look forward to working with you!

Please be advised that clients will be taken off the waitlist under the following circumstances:

- If the client declines services for more than 18 months
- If the client has not responded to communication attempts from Converse Therapy after 6 consecutive months

Service Fees:

- Speech Pathology's services \$193.99 per session
- Art therapy services \$193.99 per session
- Allied Health Assistant services \$86.79