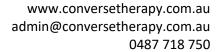




Referral Form

Client Details				
Name				
Date of Birth				
Address				
Phone Number				
Email Address				
Parent/Guardian				
Name & Contact Details				
Emergency Contact (If differe	ent from above)			
Name & Contact Details				
Relationship to Client				
Referral Information:				
Neason for Neterral				
Relevant History				
Additional Information				
NDIS Funding Details (If Appli	cable)			
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