



## Curtin Stuttering Clinic Referral

Date:

Client Details			
Title:	Surname:	Given name/s:	Preferred name:
DOB:	Birth Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to state		
Gender:	Pronouns:		
Are you of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander
Address:			
Telephone:	Mobile:	Email:	
English as a Second Language:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Preferred Language:	
Parent/Guardian (if applicable):	Relationship:		
School & Teacher (if relevant):			
Emergency Contact/Next of Kin			
Name:	Relationship to Client:		
Contact Number:	Email:		
Referrer Information			
<input type="checkbox"/> Self-Referral <i>(if self-referring, please proceed to "Service Requested" section)</i>			
<input type="checkbox"/> Health Professional/Other <i>(please complete the following details)</i>			
Consent for Referral to Clinic Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:			
Service/Organisation:			
Address:			
Contact Number:			
Email:			
Service Requested			
<input type="checkbox"/> Assessment	<input type="checkbox"/> Boys & Girls Fluency Group		
<input type="checkbox"/> Individual Treatment Sessions	<input type="checkbox"/> Teens Fluency Group		
<input type="checkbox"/> Downs Syndrome Group	<input type="checkbox"/> Adolescent/Adult Fluency Group		
Information Related to Stuttering			
Age of Onset:	Is there family history? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stuttering Characteristics & Observations:			
Please provide relevant medical history:			
What are the client's interests?			
Please send completed referrals to:			
Email: <a href="mailto:curtinclinics404@curtin.edu.au">curtinclinics404@curtin.edu.au</a>		Telephone: (08) 9266 1717	
Please note that the Clinics are student-led so not all referrals are appropriate for a student learning environment. Contact us if you have any questions or concerns.			

**About the Clinic**

Once your referral form is received and processed by our Administration team, you will receive an email confirmation. Your referral will then be reviewed by our Stuttering Clinic Supervisor who will contact you to ask a few questions to understand your treatment needs.

No appointments can be booked in advance with the Clinic's Administration team, but you are welcome to contact us on (08) 9266 1717 if you have any questions regarding your referral or its progress.

Both individual and group treatment services are provided by Speech Pathology students under the supervision of an experienced Speech Pathologist and expert in the area of stuttering.

Fees	
Item	Fee
Initial Assessment	\$30.00
Follow-up Consultation	\$25.00
Group sessions	\$25.00

**Please note:** Our fees are already discounted and there is no additional discount for concession card holders. We are unable to provide any Medicare, DVA, compensation claims or private health rebates as student services are not eligible for claiming. Payment for individual and group consultations is required by Eftpos on the day of appointment. Payments can also be made through our online payment platform, Curtin e-Pay.

The Stuttering Clinic reserves the right to review the fee charged.

**Clinic Location and Contact Details:**

**Address:** Curtin Health and Wellness Centre, Building 404, Brand Drive, Bentley.

**Telephone:** (08) 9266 1717

**Fax:** (08) 9266 3679

**Email:** [curtinclinics404@curtin.edu.au](mailto:curtinclinics404@curtin.edu.au)

**Parking:**

Free Clinic parking is available for clients attending the Health and Wellness Centre from outside of the Bentley campus. Clients external to Curtin can park in the Clinic's marked Reserved Parking bays in Car Parks **PF2** & **PF3** for the duration of their appointment.