

CLIENT INFORMATION SECTION

CLIENT NAME.....

Date of Birth Female Male

Address.....

Suburb..... Postcode

Phone () Mobile.....

Carer/ parent/ spouse name/s.....

MEDICAL DIAGNOSIS

Date of diagnosis/ injury

CENTRE / SCHOOL / DAY SERVICE (if applicable)

Has the client been to ComTEC before? Yes No

Language spoken in client's home? English

Is an interpreter required for the session? If Yes, which language:
ComTEC will arrange the interpreter

REFERRING THERAPIST INFORMATION

Name:

Role: Speech Pathologist Occupational Therapist Other*

***Clients who are not referred by a SP or OT may not be eligible for an advisory session, please call ComTEC to discuss**

Organisation:

Address:

Suburb..... Postcode.....

Phone: Mobile:

Email:

If the client receives funding through a package, case management, TAC or WorkCover we require written approval for funding the advisory session/s prior to processing this referral. Provide details on page 3.

Is a quote outlining anticipated costs of the session required? Yes No
(Specifically relevant for school aged clients)

If another client cancels could you attend at short notice? Yes No
How much notice is required? (eg 24hrs).....

Please indicate preferred session location. Note: preference may not be able to be accommodated

ComTEC main offices - Brooklyn Eastern Base Blackburn – Tues only, alternate weeks Southern Base Caulfield – Weds only, every 6 weeks Client's home **Only an option if client is unfit to travel**

PAYMENT OPTIONS

We can accept payment at the time of the advisory session: cash, credit card (Visa or Mastercard) & cheque.

Please refer to ComTEC Fee Schedule for cost of advisory session. www.yooralla.com.au/comtec.php

If an invoice is required, please indicate who we will invoice:

Referrer

Client

Funding provider (below)

If the payment is being made by someone other than the client/ family e.g. a school, a package, case management, TAC or WorkCover, we require written approval for funding of the advisory session/s prior to processing this referral.

A. Fee for session will be paid by:

Package/

Funding/Organisation.....

Contact Name

Agency.....

Address.....

.....Postcode.....Phone ().....

Email.....

or

B. TAC Details

Claim No.....Date of accident.....

Rehabilitation Co-ordinator.....

Address.....

.....Postcode.....Phone ().....

Hospital attended after accident.....

Region.....

or

C. Workcare Details

Client Claim No.....Date of Injury.....

Name of Employer.....

Address of Employer.....

.....Postcode.....Phone ().....

Name of Claim Agent.....

Address of Claim Agent.....

.....Postcode.....Phone ().....

Contact.....

REASON FOR THIS REFERRAL

What is the main reason for this referral?

.....
.....

What has already been tried? Was it successful? Why or why not?

.....
.....

Please list any relevant considerations:

.....
.....

PLEASE INDICATE WHICH AREA OF ASSISTIVE TECHNOLOGY YOU WISH TO INVESTIGATE

If you wish to look at **more** than one of the listed areas, it is often necessary to have more than one session.

Speech generating device – Please detail the language / communication goals for this client

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.....
.....

Computer hardware or software - Please detail the computer related goals for this client

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.....
.....

Environmental Control Units - Please detail the ECU goals for this client

.....
Which environment?
Which equipment / appliances?

Use of switches to access toys, speech generating device, computer or environmental controls
Please detail the switching goals for this client

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.....
.....

Fixing/mounting - Please detail the fixing/mounting goals for this client

.....
.....
Specific details of wheelchair make and model.....
Equipment to be mounted

Please note:

- Photographs of the chair and device/equipment to be mounted are required with referral.
- Mounting appointments can only occur at the Brooklyn base

Please list any particular equipment (if known) that you wish to trial in the advisory session:

.....
.....
.....

COMMUNICATION SKILLS

Which of the following best describes the client's understanding of spoken language?

- No difficulty understanding spoken language
- Can understand conversational language in context
- Requires simplified language to understand
- Requires visual supports to understand language eg photos, signing
- Doesn't understand spoken language

Comments:

Which of the following best describes the client's speech?

- No difficulty speaking
- Familiar people can understand speech
- Most/all people find speech very difficult to understand
- Doesn't use speech / only very little speech used

Comments:

How are YES and NO usually indicated?

- speech
- another way - describe: "Yes" "No"

Please tick any methods other than speech that the client uses to communicate:

- Vocalisation and/or facial expression
- Gesture
- Pointing / eye pointing
- Signs / Key word signs: How many signs does the client use? understand?
- Alphabet board
- Writing / Typing
- Communication Board: How many items per page? Please circle: words / symbols
- Communication Book: How many items per page? Please circle: words / symbols
How many pages in book?
- Speech Generating Device: Name of device: How many items per page?

Comments:

What is the client able to communicate using these methods?

.....

Please bring current communication aids; book, board and/or device to the advisory session

HEARING

Concerns or difficulties with hearing? Yes No
Please describe

VISION

Concerns or difficulties with vision? Yes No
Please describe

PHYSICAL ACCESS TO TECHNOLOGY

Is the client able to press keys?

Yes

No

(eg. on a telephone or computer keyboard)

If yes, how? (Please tick)

- Fingers right hand left hand
- Whole hand or fist right hand left hand
- Hand held pointer right hand left hand
- Mouthstick
- Headpointer
- Other

Please indicate if the client experiences any of the following when pressing keys:

- Not familiar with the keys
- Misses keys or hit keys accidentally
- Holds keys down for too long
- Difficulty seeing keys
- Experiences pain/discomfort. Please describe.....

USE OF KEYBOARD & MOUSE

Type of computer keyboard used? Standard Alternative: name N/A

Type of computer mouse used? Standard Alternative: name N/A

Please indicate if the client experiences any of the following when using a computer mouse:

- Not familiar with using a mouse
- Difficulty using the mouse buttons
- Difficulty controlling the mouse movement
- Cannot see or follow mouse pointer
- Experiences pain/discomfort. Please describe.....

SPECIALISED SWITCHES

Is a specialised switch used?

Yes

No

Name of switch:

What is the switch used with?

.....
.....

Method of activation:

- Fingers right hand left hand
- Whole hand or fist right hand left hand
- Head
- Foot right foot left foot
- Other

COMPUTER SKILLS & USE

- Previous computer use? Yes No
 Current computer use? Yes No

Please describe reasons for using a computer, level of competence and any supports currently required to use a computer:

.....

- Type of computer? Desktop Laptop
 Make of the computer? Windows PC Apple Mac
 Operating system: Operating system:

Please describe any modifications and/or additions to the computer:

.....

COGNITION

Does the client experience difficulty with: Please describe difficulties and any strategies used:

- Processing auditory/visual information
- Concentration
- Memory - recall
- Adapting to novel situations
- Learning new skills
- Planning / organisation

MOBILITY

Which of the following statements best describes the client's mobility most of the time?

- Walks independently
- Mobilises using the following aid/s
 - Walking aid: name of walking aid.....
 - Manual wheelchair: controlled by client another person
 - Motorised wheelchair: controlled by client another person
 - Motorised scooter

Make and model of wheelchair

Does the wheelchair have adaptations? Yes. Please describe: No

.....

Comments.....

SEATING

Is a specialised chair used? Yes, name:..... No

Comments.....

If possible bring specialised seating to the ComTEC Advisory session. Please note that ComTEC only has access to paediatric furniture and specialised seating at the Brooklyn base.

