Client Intake Form

Date of Intake ...../...../.....

☐ Fee for Service ☐ HICAPS / Health Fund ☐ Medicare ☐ FaHCSIA/ HCWA ☐ NDIS (attach plan)

Client Information:			
Client's Name:		**Client's Surname:**	
D.O.B:			☐ Male ☐ Female ☐ Other (please specify)
Street Address:			
Suburb			Postcode
Phone Number / Mobile			
School			Year Attending

Cultural Information	
Country of birth:	
Language(s) Spoken at Home:	
Are you of Aboriginal or Torres Strait Islander Decent?	☐ Yes ☐ No

Additional Information

How does the Client communicate?

☐ Using words (Yes or No)
☐ Using pictures / communication device if so, What communication system do they use ? .....
☐ Signing (Key Word Sign, Auslan or Makaton) / Gesture / Body Language
☐ No Communication

Does the Client have a diagnosed diagnosis?	☐ Yes ☐ No	Please list diagnosis: ..... When was the diagnosis and by whom?.....
How did you hear about AASS?	☐ Website ☐ Family/friends ☐ Heath professionals ☐ Other, please specify: _____	

Family Information			
Parent/Guardian/ Client Representative Name			
Phone number / Mobile			
Relationship to Client:		D.O.B:	
Occupation:		Ethnicity:	
Email address:			
Is an interpreter required?	☐ Yes Language ..... ☐ No		

Other Parent/Guardian/ Client Representative Name			
Phone number / Mobile			
Relationship to Client:		D.O..B:	
Occupation:		Ethnicity:	
Email address			
Is an interpreter required?	☐ Yes Language …… ☐ No		
Siblings	Name …… Age Name …… Age	Name …… Age Name …… Age	

What are your main priorities for your child at this time? ***(Please rate in order of priority, 1 being most important)***

☐ Communication	☐ Gross Motor	☐ Challenging Behaviours
☐ Social Skills	☐ Sensory Issues	☐ Anxiety/Mental Health
☐ Play Skills	☐ Fine motor	☐ Feeding / Swallowing
☐ School / Preschool skills	☐ Self-care (e.g. dressing, showering, toileting)	☐ Other (please specify)

Services you want to apply for:

☐ Early Years Therapy Group	☐ Social Skills Group	☐ Art Play (Sunday Group)
☐ Physiotherapy	☐ Speech Therapy	☐ Music Therapy
☐ Occupational Therapy	☐ Counsellor	☐ Behaviour Support
☐ Young Adult Social Group	☐ Art Therapy	

Authorisation to Speak with Third Party

I give permission to Autism Advisory and Support Service (AASS) to make enquiries and speak on my behalf with schools, medical professionals and other related parties with regards to the Client.

Signature:		Date:
Name of Signee:		
Relationship to the Client:		

Consent for Information Collection

On behalf of my Client, by signing below, I hereby consent to AASS to collect, maintain, store and release my information for the purposes of reporting under the Commonwealth/State and Territory Disability Agreement.

Signature:		Date:
Name of Signee:		
Relationship to the Client:		

Permission to use Photograph

I give permission to Autism Advisory and Support Service (AASS) to take photographs/video of the Client. I understand the photographs/video may be used for educational and/or promotional purposes in any type of media, including the website www.aass.org.au

Signature:		Date:
Name of Signee:		
Relationship to the Client:		

Autism Advisory and Support Service

"Empowering children and adults with Autism and their families through knowledge & support"

Cancellation Policy

This Cancellation Policy applies to all clients from 1 July, 2019 and replaces our previous cancellation policies.

Cancellation Fees are charged when:

- You fail to advise or fail to show up for a service (no show).
- You notify us of cancelling an appointment within two (2) full business days of, or on the day of the service being provided (late notice).

Please contact the office on (02)9601 2844 (leave a message if unattended) or call or text your therapist directly. We ask that you contact us as soon as you can in relation to any cancellation regardless of location of therapy (clinic, school or home based therapy).

Cancellation Fees will be charged as follows:

	NDIS	**Fee for Service/ Medicare/HCWA**
Cancel more than two (2) full business days before the appointment (late notice)	No charge to the NDIS Plan	No charge
Cancel within two (2) full business days of the appointment (late notice)	90% of NDIS session fee charged to the NDIS plan (no limit)	50% of the session fee will be charged (out of pocket)
Failing to Advise or "No Show" for appointment	90% of NDIS session fee charged to the NDIS plan (no limit)	Full session fee (out of pocket)

AASS will issue invoices for out of pocket cancellation fees for cancelled or missed appointments. These fees are payable by yourself personally.

ALL OUT OF POCKET CANCELLATION FEES MUST BE PAID BEFORE THE NEXT THERAPY SESSION.

Cancellation or Suspension of Services:

Your services may be cancelled and referred to another provider if:

- You reach more than 6 cancellations in a calendar year
- Fees and/or Cancellation Fees are unpaid or in arrears

To reduce cancellations, AASS sends out scheduled SMS reminders of your scheduled appointments if you provide a mobile phone contact number.

When three cancellations are reached, AASS staff will attempt to contact you to determine what is affecting your continuity of service and discuss if alternative arrangements or extra support is needed in relation to your services at AASS.

I confirm that I have read and understood this policy and agree to abide by the terms contained therein.

Participant/Participant Representative Name: _____

Signature: _____

Date: _____

Left Blank

Autism Advisory and Support Service

"Empowering children and adults with Autism
and their families through knowledge & support"

Cancellation Policy

This Cancellation Policy applies to all clients from 1 July, 2019 and replaces our previous cancellation policies.

Cancellation Fees are charged when:

- You fail to advise or fail to show up for a service (no show).
- You notify us of cancelling an appointment within two (2) full business days of, or on the day of the service being provided (late notice).

Please contact the office on (02)9601 2844 (leave a message if unattended) or call or text your therapist directly. We ask that you contact us as soon as you can in relation to any cancellation regardless of location of therapy (clinic, school or home based therapy).

Cancellation Fees will be charged as follows:

	NDIS	**Fee for Service/ Medicare/HCWA**
Cancel more than two (2) full business days before the appointment (late notice)	No charge to the NDIS Plan	No charge
Cancel within two (2) full business days of the appointment (late notice)	90% of NDIS session fee charged to the NDIS plan (no limit)	50% of the session fee will be charged (out of pocket)
Failing to Advise or "No Show" for appointment	90% of NDIS session fee charged to the NDIS plan (no limit)	Full session fee (out of pocket)

AASS will issue invoices for out of pocket cancellation fees for cancelled or missed appointments. These fees are payable by yourself personally.

ALL OUT OF POCKET CANCELLATION FEES MUST BE PAID BEFORE THE NEXT THERAPY SESSION.

Cancellation or Suspension of Services:

Your services may be cancelled and referred to another provider if:

- You reach more than 6 cancellations in a calendar year
- Fees and/or Cancellation Fees are unpaid or in arrears

To reduce cancellations, AASS sends out scheduled SMS reminders of your scheduled appointments if you provide a mobile phone contact number.

When three cancellations are reached, AASS staff will attempt to contact you to determine what is affecting your continuity of service and discuss if alternative arrangements or extra support is needed in relation to your services at AASS.

I confirm that I have read and understood this policy and agree to abide by the terms contained therein.

Participant/Participant Representative Name: _____

Signature: _____

Date: _____