



ADULT CONSENT FORM

Date:	First Name:	Family Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	Age:
Postal Address: _____ _____		
Phone:	Email:	Mobile:
Name of Carer:	Employment:	
School Placement:		
Cultural/Religious/Migration/Values: Are <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please detail): there any cultural, religions, migrations or values that you would like Karen to be aware of in the development of the assessment process or therapy plan? _____ _____		

I, _____ hereby give permission to Karen Cresshull to conduct an speech and language assessment and therapy for myself. I have been supplied with information regarding confidentiality, privacy and my rights in relation to speech therapy.

- I do give permission for Karen Cresshull to contact my doctor or other professionals that are related to my speech and language skills
- Karen Cresshull is a member of Speech Pathology Australia
- I consent to email correspondence (I fully accept that digital copy of letters, reports, invoices or correspondence is considered fully secure and I accept the privacy risk associated with digital correspondence)

Signature:

Witness:

Full Name:

Full Name:

Date signed:

Date signed:
