



Request for consultation in Speech Language Pathology

■ Registration to the Clinic's Waiting List ■

REFERRAL DATE: _____
DD/MM/YYYY (e.g. 25 02 1991)

Please **initial to acknowledge your understanding** that Laurentian University's Speech and Language Clinic is a private clinic:

- There are fees associated with services. _____ *Your initials.* Please see the attached fee schedule.
- Some services may be administered by an SLP student, under supervision of an SLP. _____ *Your initials.*

How did you hear about our Clinic? _____

PERSON REQUIRING SLP SERVICES:

Name: _____

Date of birth (DD/MM/YYYY): _____

Address: _____

City: _____ Postal Code: _____

Telephone (at home): (_____) _____

Telephone (at work): (_____) _____

Cell: (_____) _____ E-mail: _____

PERSON REFERRING (if different from above):

Name: _____

Telephone (at home): (_____) _____

Telephone (at work): _____

Cell: (_____) _____ E-mail: _____

Relationship with the person referred: Parent Family Member Other
 SLP Family Doctor

PLEASE CHOOSE THE CATEGORIES THAT SEEM TO CORRESPOND BEST TO THE SITUATION OF THE PERSON REQUIRING SLP SERVICES:

- | | |
|---|---|
| <input type="checkbox"/> Language (child) | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Language (adult - aphasia) | <input type="checkbox"/> Swallowing disorders (dysphagia) |
| <input type="checkbox"/> Written Language | <input type="checkbox"/> Augmentative and alternative communication (AAC) |
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Other: _____ |

DESCRIPTION OF DIFFICULTIES EXPERIENCED:

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SCHOOL GRADE (IF APPLICABLE):	SCHOOL ATTENDED (IF APPLICABLE):	ADULT : <input type="checkbox"/>
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LANGUAGE(S) FREQUENTLY USED:

English French Bilingual (English/French) Other _____

TYPES OF SERVICES REQUESTED:

Assessment Intervention/Follow-up Other _____

EXISTING EVALUATIONS (PRIOR SERVICES RECEIVED):

<p>SPEECH LANGUAGE PATHOLOGY (SLP) NAME</p> <p><input type="checkbox"/> Preschool (ex.: <i>Wordplay</i>) _____</p> <p><input type="checkbox"/> Private _____</p> <p><input type="checkbox"/> School based _____</p> <p><input type="checkbox"/> Hospital _____</p> <p><input type="checkbox"/> CCAC (NE-LHIN) _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Date: _____</p> <p>Conclusion / Recommendations:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>OTHER SERVICES NAME</p> <p><input type="checkbox"/> Physiotherapy _____</p> <p><input type="checkbox"/> Occupational Therapy _____</p> <p><input type="checkbox"/> Psychology/psychometry _____</p> <p><input type="checkbox"/> Hearing _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Audition _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Central auditory processing _____</p> <p><input type="checkbox"/> Optometry _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vision _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Visual perceptual skills _____</p> <p><input type="checkbox"/> Physicians/Specialists _____</p> <p><input type="checkbox"/> Other : _____ _____</p>	<p>Date: _____</p> <p>Conclusion / Recommendations:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Please send this registration form

by fax at (705) 671-3889, **or** by email at speechclinic@laurentian.ca

or by mail at: Speech and Language University Clinic • Laurentian University • 935 Ramsey Lake Road • Sudbury ON P3E 2C6

(updated November 2019)



SPEECH AND LANGUAGE University Clinic

Laurentian University's Speech and Language University Clinic offers a reduced rate compared to typical private speech and language service fees in Ontario because the School of Speech-Language Pathology's Masters' students are involved in service delivery in various capacities.

Our services are tailored to each Client's individual needs. The services a Client wants or needs will be discussed and mutually agreed upon by the Client and the Speech-Language Pathologist.

Fee Schedule
updated July, 2019

FEE SCHEDULE

	SERVICES	FEE
ASSESSMENT	Time spent face-to-face with the Client	<ul style="list-style-type: none"> • \$90 for the first hour AND • \$22.50 for each additional 15 minutes
	Time spent scoring and analysing tests, formulating recommendations, writing an assessment report, etc.	<ul style="list-style-type: none"> • \$90 / hour (can be charged by blocks of 15 minutes)
	Report sharing meeting	<ul style="list-style-type: none"> • \$45 / half hour - 30 minute minimal fee of \$ 45 if the meeting is not held at the same time as a therapy session
THERAPY	Time spent face-to-face with the Client	<ul style="list-style-type: none"> • \$90 / session Fee includes: time spent face-to-face with the Client & preparation required before and after the session
	Consultation (with or without the Client)	<ul style="list-style-type: none"> • Consultations of 15 minutes or more will be \$22.50 per block of 15 minutes.
	Progress Report - A report is not necessarily required. This can be determined on an individual basis.	<ul style="list-style-type: none"> • \$90 / hour (can be charged by blocks of 15 minutes)
	Report sharing meeting	<ul style="list-style-type: none"> • \$45 / half hour - 30 minute minimal fee of 45 \$ if the meeting is not held at the same time as a therapy session
TRAVEL	Within 5 kms from the LU Clinic	<ul style="list-style-type: none"> • No charge
	Distances over 5 kms	<ul style="list-style-type: none"> • \$5 for distances between 5 kms to 15 kms • \$10 for distances between 16 kms to 25 kms* *Google maps will be used to calculate the distance. *Fees for distances greater than 25 kms will need to be discussed.
CANCELLATIONS	For sessions that occur outside the Clinic	<ul style="list-style-type: none"> • \$45 if the Speech-Language Pathologist is already on route to Client's session - We understand that unforeseen illness and other life events occur. However, scheduling will need to be reviewed after 2 cancellations.
	If no cancellation is received	<ul style="list-style-type: none"> • \$45 (Services will be discontinued after 2 no shows.)

PAYMENT

Payment is due at each session.

I acknowledge that I have read the Speech and Language University Clinic Fee schedule and I have received satisfactory answers to my questions in this regard.

Signature of Client/Parent

date