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| **REFERRAL FORM 2025** |
| **TODAY’S DATE** |  **(year/month/day)** |
| **CHILD’S INFORMATION** |
| **SURNAME, NAME** |  |
| **DATE OF BIRTH** |  |
| **AGE**  |  |
| **GENDER** |  |
| **LANGUAGE: HOME**  |  |
| **LANGUAGE: SCHOOL**  |  |
| **GRADE**  |  |
| **PRESENT SCHOOL OR PREVIOUS SCHOOL** |  |
| **SCHOOL TELEPHONE NUMBER**  |  |
| **HEADMASTER** |  |
| **TEACHER**  |  |
| **PERMISSION TO CONTACT SCHOOL?**  | **YES | NO** |
| **RE-ADMISSION (PREVIOUSLY VISITED THE PRACTICUM UNIT)** | **NO | YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please complete the date)**  |
| **REFERRAL (WHO ENQUIRED ABOUT AN ASSESSMENT AND/OR THERAPY?) E.G: MOTHER|FATHER|FRIEND|TEACHER|COUNSELLOR ETC** |  |
| **BIOLOGICAL FATHER | OTHER: E.G. GUARDIAN | LIFE PARTNER** |
| **TITLE, INITIALS, SURNAME** |  |
| **MARITAL STATUS** |  |
| **OCCUPATION** |  |
| **STREET ADDRESS + CODE** |  |
| **TEL (W)** |  |
| **TEL (CELL)** |  |
| **E-MAIL** |  |
| **BIOLOGICAL MOTHER | OTHER: E.G. GUARDIAN | LIFE PARTNER** |
| **TITLE, INITIALS, SURNAME** |  |
| **MARITAL STATUS** |  |
| **OCCUPATION** |  |
| **STREET ADDRESS + CODE** |  |
| **TEL (W)** |  |
| **TEL (CELL)** |  |
| **E-MAIL** |  |
| **DESCRIBE CHILD’S DIFFICULTIES AT SCHOOL AND/OR AT HOME.** |  |
| **\*ASSESSED WITHIN THE LAST TWO YEARS BY AN EDUCATIONAL, CLINICAL OR COUNSELLING PSYCHOLOGIST?** |  |
| **\*ANY MEDICAL PROBLEMS? E.G. MIGRAINES | EPILEPSY ETC.** |  |
| **\*MEDICATION E.G. *RITALIN* | *CONCERTA* ETC.? DOSAGE PER DAY?** |  |
| **\*HAS RECEIVED OR CURRENTLY RECEIVES SPEECH-, OCCUPATIONAL THERAPY OR LEARNING SUPPORT? NAME OF THE THERAPIST.** |  |
| **TARIFFS (THE FULL AMOUNT IS PAYABLE AT THE FIRST APPOINTMENT)** |
| **CATEGORY 1 R0 – R1 499 R88.00****CATEGORY 2 R1 500 – R3 999 R183.00****CATEGORY 3 R4 000 – R5 999 R435.00****CATEGORY 4 R6 000 – R7 999 R590.00****CATEGORY 5 R8 000 – R9 999 R873.00****CATEGORY 6 R10 000 – R12 999 R1 050.00****CATEGORY 7 R13 000 – R15 999 R1 333.00****CATEGORY 8 R16 000 – R19 999 R1 420.00****CATEGORY 9 R20 000 + R1 745.00****CATEGORY 10 R30 000 + R2 618.00** | **IMPORTANT PAYMENT INFORMATION**1. **The tariff for the complete assessment process (i.e. intake, assessment days, feedback and written report) is calculated on a sliding scale (see income categories left).**
2. **The tariff for psychotherapy (i.e. intake and all contracted sessions) is calculated on a sliding scale (see income categories left).**
3. **The combined gross monthly income of parents (before deductions) determines the once off payment.**
4. **Please identify the applicable tariff with any colour. You will receive further information about the payment options once we have received the completed referral form and appointment dates are finalised.**
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