



44 Main St. E.
Milton, ON L9T 1N3
905-875-3345

SOCIAL SQUAD REGISTRATION FORM

Are you a current client of HearSay? YES ☐ NO ☐ PAST CLIENT ☐

Client Information

Child's name: _____ Address: _____

Child's date of birth: (M/D/Y) _____

Gender: _____

How did you hear about us? _____

Parent/Guardian 1: Main Contact ☐ (please check)

First name: _____

Surname: _____

Address: _____

Home phone # _____

Work phone # _____

Cell phone # _____

Email Address: _____

Occupation _____

Parent/Guardian 2: Main Contact ☐ (please check)

First name: _____

Surname: _____

Address: _____

Home phone # _____

Work phone # _____

Cell phone # _____

Email Address: _____

Occupation: _____

EMERGENCY CONTACT

Name: _____ Relationship to child: _____

Phone Number: _____

Allergies

Does your child have any allergies? If so, please list details:

Does your child carry an EpiPen? YES ☐ NO ☐

Does your child carry an inhaler? YES ☐ NO ☐

Diagnosis (if any)

Has your child received any diagnosis? If so, please list details:

44 Main St. E.
Milton, ON L9T 1N3
905-875-3345

SOCIAL SQUAD REGISTRATION FORM

Please help us get to know your child by providing the following information:

What are your child's favourite activities? (Movies, characters, foods, games, music, etc.)

Does your child have any specific dislikes? (Sounds, smells, touch, movement, foods, etc.)

Below, please check all that apply to your child

<p>Social Emotional My child has difficulty:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engaging in play or leisure activities with peers <input type="checkbox"/> Taking turns/sharing <input type="checkbox"/> Maintaining personal space of self/others <input type="checkbox"/> Commenting on the environment to others (describes, labels, names) <input type="checkbox"/> Engaging in activities that are not highly preferred <input type="checkbox"/> Recognizing how his/her behavior affects others <input type="checkbox"/> Identifying problems/conflict <input type="checkbox"/> Identifying solutions and potential consequences to problems/conflict <input type="checkbox"/> Recognizing his/her own emotions <input type="checkbox"/> Recognizing other's emotions Utilizing appropriate coping strategies when upset 	<p>Sensory My child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Avoids or seeks touch from others (please circle which) <input type="checkbox"/> Avoids or seeks messy play such as playdoh, glue, and paint (please circle which) <input type="checkbox"/> Plays rough in play/leisure activities <input type="checkbox"/> Avoids participation in sports or active games <input type="checkbox"/> Craves or avoids movement (please circle which) <input type="checkbox"/> Seems to be in constant motion (loves spinning, swinging, being upside down) <input type="checkbox"/> Cannot process or tolerate extremes of intensity such as color, light etc. <input type="checkbox"/> Is over or under sensitive to sounds (please circle which) <input type="checkbox"/> Eats non-edible items <input type="checkbox"/> Dislikes strong smells/tastes
<p>Challenging Behaviour My child may:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Run away <input type="checkbox"/> Act aggressively towards self/others: _____ <input type="checkbox"/> Shut down/withdraw <input type="checkbox"/> Be non-complaint <input type="checkbox"/> Other: _____ 	<p>Communication Level My child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is verbal <input type="checkbox"/> Is nonverbal <input type="checkbox"/> Uses an augmentative communication system/device (please specify): _____ <input type="checkbox"/> Follows verbal/nonverbal directions <input type="checkbox"/> Utilizes visual supports to follow directions <input type="checkbox"/> Indicates his/her likes and dislikes <input type="checkbox"/> Makes requests for his/her basic wants and needs

LIMITS OF CONFIDENTIALITY

Please be aware that the information that you share in your session(s) are kept in your child's file (also called a Health Information Record). HearSay works hard to keep the information in your child's file confidential. However, there have been cases where HearSay has been court ordered to share information about your child's service and we have had to do so.

PARENT/GUARDIAN SIGNATURE/S

DATE

CLIENT PRIVACY CONSENT FORM

For Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an essential part of our office providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly.

In this office, the Privacy Information Officer is: Rui Oliveira

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

- In this consent form, we have outlined what our office is doing to ensure that:
- only necessary information is collected about you;
- we keep accurate and up-to-date records;
- we only share your information with other health-care providers and organizations on a 'need to know' basis where required for your health care;
- storage, retention and destruction of your personal information complies with existing legislation, and privacy policy protocols;
- our privacy policy protocols comply with privacy legislation, standards of our regulatory body and the law

If you would like to discuss our privacy policy in more detail or have specific questions or complaints about how your information is handled, please ask to speak to our information officer.

CONSENT TO COLLECT PERSONAL INFORMATION

I have read and understood this privacy policy statement provided by the HearSay Speech and Hearing Centre Inc. that outlines how my personal information will be collected, used, disclosed, and protected. I understand my right to review this personal information, which will be used to provide me with speech, language and/or hearing services. In some instances, I may ask for specific information not to be collected. In agreeing to the collection, use and disclosure of this personal information, I understand that in rare circumstances there may be exceptions to the commitments outlined in this policy.

By signing below, I give consent for the collection of my personal information and to undergo any hearing/speech/language testing, screenings, procedures and/or therapy by the Audiologist / Speech-Language Pathologist / Communicative Disorder Assistant for which I have booked this appointment for myself or a child of the age of minority of which I am a parent or legal guardian. I also understand that the Audiologist in his or her discretion may make use of all other medical records that would permit him or her to complete the investigation and follow-up regarding my hearing loss.

Signature of Client / Parent / Legal Guardian

Date

Printed Name



**Pre-authorized Credit Card Payment for
Speech, Language & Literacy Group Sessions at HearSay Speech & Hearing Centre**

Name : _____

Address : _____

City: _____ Province: _____ Postal Code : _____

Credit Card Information Credit Card Type :

☐ Visa _____

☐ Master Card _____

Expiry Date : Month _____ Year _____ Security Code _____

I hereby authorize HearSay Speech and Hearing Centre to debit my credit card for services.

Card Holder Signature: _____

Date: _____

PLEASE ONLY COMPLETE IF APPLICABLE

CONSENT FOR SEPARATED PARENTS OR GUARDIANS

HearSay understands that there is a wide range of decision-making arrangements for children, and we will respect that. Where there is shared parenting time between the parents or guardians, HearSay considers it important to support the parenting relationship with the child and each parent. HearSay needs to understand if decision making for your child is through a shared decision-making process (also called custody) to both parents, or if decision-making ability has been given to a single parent before service can proceed.

Even when decision-making is given to a sole parent, a written agreement may state that the other parent still needs to be Involved in service and/or Informed of the child's progress in service.

Some of families have *no written agreement*, while others have a *written agreement* that has been created with a lawyer, a mediator, or through a legal court process. These agreements often help us to answer the question regarding who can give consent for your child to receive service.

Consent for Service - What this Means for You:

1. We have *No agreement* for the decision making of our child(ren).
Both parents are required to sign this letter before we provide service for your child.
2. We have a *Shared Decision-Making Agreement through a Joint Custody Agreement, a Separation Agreement or in an Interim agreement from a family court.*
Both parents are required to sign this letter before we provide service for your child
3. I have **Sole Decision-Making Ability** through a Court Order or a Separation Agreement that allows me to provide consent for my child(ren) to receive services.
*Please confirm that you can provide consent for your child(ren) to receive services by signing below. **Please Note:** Even when decision-making is given to a single parent, the written agreement may still state that the other parent needs to:*
***Give Permission:** The other parent's permission may still be required specifically for your child to receive services.*
***Be Involved:** Your agreement may still require/encourage the involvement of the other parent in service with your child.*
***Be Informed:** The other parent may not need to consent or be involved, but you may still be required to inform them of the outcomes of service.*
4. **I have sole decision-making ability AND I choose to involve the other parent/guardian.**

Signature of Understanding

Parent/Guardian #1

If you believe that you have the permission to consent to your child's service, please indicate which option above applies to you and sign your name below.

<i>Print your Name</i>	<i>Signature of Parent/Guardian</i>	<i>Option</i>
<i>Email</i>	<i>Phone Number</i>	<i>Date</i>

Parent/Guardian #2

If the consent of the other parent is required, please have them indicate their consent for us to provide service by signing below, or by returning a copy of this letter.

<i>Print your Name</i>	<i>Signature of Parent/Guardian</i>	<i>Date</i>
------------------------	-------------------------------------	-------------