Carol Brenner and Associates
info@speechies.co.za
www.speechies.co.za
083 279 6443
42 6th Street Linden
Johannesburg
2195

ASSESSMENT ● TREATMENT ● WORKSHOPS

CAROL BRENNER
Practice Number: 8214824
B.A. (Sp & H Therapy) Wits
M.A. (Speech Pathology) Wits
HPCSA No.: STA0017892
EMAIL: carol@speechies.co.za
CELL: 083 279 6443

TARRYN STEVENS
Practice Number: 0535281
B.A. (Sp & H Therapy) Wits
M.A. (Speech Pathology) Wits
HPCSA: STA0033367
EMAIL: tarryn@speechies.co.za
CELL: 083 290 4920

ANEESAH KADER
Practice Number: 0820000622583
B.A (Sp & H Therapy) Wits
HPCSA No.: STA0034355
EMAIL: aneesah.kader@gmail.com
CELL: 083 948 2860

Thank you for taking the time to complete and return this form. All information supplied will be treated confidentially and is helpful in ensuring the best treatment for your child.

CLIENT DETAILS:

Surname: ____

First name/s: ____

Age: ______________________ Date of Birth: ______________________

Grade: ______________________ School: ______________________

Teacher: ______________________ School's contact number: ______________________

Home address: ____

____code: ______________________

Postal Address: ____

____code: ______________________

Home Telephone: ______________________ Another contact / emergency: ______________________

PAYMENT: PERSON RESPONSIBLE FOR ACCOUNT / MEDICAL AID DETAILS:

Title, Surname, and Initials of Principal Member of Medical Aid / person responsible for account:

____

Name of Medical Aid: ____

Medical Aid Number: ______________________ Plan type: ______________________

All accounts are emailed unless specified otherwise. Please CLEARLY indicate the email address/es the account should be sent to: ____

____

Parent / Guardian 1 Full Name and Title: ______________________________

Occupation: ______________________ Email address: ______________________

TEL (W): ______________ __________ CELL: ______________________

ID Number: ______________________________

Parent / Legal Guardian 2 Full Name and Title: ______________________________

Occupation: ______________________ Email address: ______________________

TEL (W): ______________________ CELL: ______________________

ID Number: ______________________________

Any pertinent or updated information important to share? Please let me know below.

____

____

____

____

____

____

____

Name: ______________________

Signature: ______________________

Date: ______________________