



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

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 otherwise specified. Please indicate CLEARLY the email address/es the account should be sent to: _____

Parent / Legal 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.

This includes any medical history update, pertinent scholastic changes, assessments or therapy input including recent reports.