SPEECH AND LANGUAGE THERAPY REFERRAL FORM

PLEASE NOTE: A referral can only be accepted if ALL sections are completed and written consent from the parent/carer with parental responsibility for the child is included. INCOMPLETE FORMS WILL BE RETURNED. Please attach parental consent letter. You may wish to take a photocopy of the referral form for your own records.

Name of Child ……M / F Date of Birth ……../……../……..

Address ……

Post Code ……NHS Number (Health Professionals Only) ……

Telephone (please circle preferred daytime contact number):

Home …… ……Mobile ……Work……

Are Parents / Carers happy to be contacted by text message? (please tick) YES….. NO…..

Name of Parents / Carers……

Do Parents / Carers have any literacy difficulties? YES..... NO…..

Languages spoken in the home …… Interpreter needed? YES…. NO….

G.P:
Name……..Address……..……..

Health Visitor / School Nurse:
Name……..Address……..

Name of Pre-School / School……..……

Are there any current safeguarding concerns? YES….. NO……

If yes, please give details as appropriate……

Other Specialist Services Involved:	**Name of Service/Professional Involved:**
Educational Psychologist	
Education Support Services (e.g. Link Teacher, Teacher of the Deaf, Outreach Support etc…)	
Community / Consultant Paediatrician	
Other Specialist Health Services (e.g. Physiotherapy, Occupational Therapy etc…)	
Children's Hearing Service	
PCMHT / CAMHS	
Social Services	
Other Services Involved	

REASON FOR REFERRAL

Please tick which areas the child is experiencing difficulties with:		Please Comment how these difficulties are affecting the child:
	Attention and listening skills	
	Early communication skills (e.g. turn taking, play, eye contact, pointing etc…)	
	Child's understanding of spoken language	
	Ability to use language (e.g. speech, signs, symbols, communication aids etc…)	
	Clearness of speech	
	Social interaction skills	
	Stammering	
	Eating and/or drinking skills	

Does this child's ability to communicate differ from their abilities in other areas?
What strategies or techniques have you tried to overcome these difficulties?
What was the result of these?

Parents informed of referral to Speech and Language Therapy (essential)

☐ **Verbal consent if a health professional**

☐ **Written parental consent form completed and attached if education / other professional**

REFERRAL MADE BY

Name (print) …… Signature……

Job Title……

Base / Address…….Tel No……..

Date of referral ……../…..…./……...

Please forward the referral form to:
Speech & Language Therapy, The Bungalow, Longshoot Health Centre, Scholes, Wigan, WN1 3NH Tel: 01942 483613/4

Parent / Carer Consent Form for Referral to the Speech and Language Therapy Service

(***Please note written consent must be obtained from the parent/carer with parental responsibility for the child)***

Date……/……..…../……..

Dear ……

I would like to refer …….. to the Speech and Language Therapy Service.

In order to do this written parental permission is required.

Please complete the details below and return to Nursery / School.

Yours sincerely,

Parent / Carer Consent with parental responsibility for the child

- I give consent for my child ……. to be referred to the Speech and Language Therapy Service
- I give consent for the Speech and Language Therapist to liaise and consult with other people involved with my child
- I give consent for the Speech and Language Therapist to share information with other services involved with my child

Parent / Carer Name (Print)……

Signature……..

Relationship with child……

Date……../……..…../……

WPREF: Referrals/Ref Form July 11 plus consent form