SPEECH & LANGUAGE THERAPY SERVICE REFERRAL FORM

Print Code: WQN 1496 Version: 1.5

1. **EARLY YEARS REFERRALS** for children aged 3 years (3:00) to prior to entering Reception class
   Referrals over 3:00 will only be accepted if this form is accompanied by:
   - SLT referral checklist with evidence of universal intervention
2. **SCHOOL AGE REFERRALS** (for children aged Reception year and above)
   Referrals will only be accepted if this form is accompanied by:
   - evidence that the SLT Toolkit has been implemented including review and outcomes
3. **EARLY YEARS REFERRALS FOR CHILDREN WITH COMPLEX NEEDS** (for children aged 0:00 to reception age)
   Referrals must be accompanied by:
   - an Early Help assessment
   - evidence of significant need across two or more developmental areas.

Dysphagia referrals: please complete the *Paediatric Speech and Language Therapy Community Referral: Eating and Drinking* form

PLEASE COMPLETE ALL SECTIONS

1. CHILD'S DETAILS	
Child's Name:	☐ Male ☐ Female
NHS No:	DOB:
Religion:	Ethnicity:
Full Names of Parent / Guardian / Carer*: **Please specify and indicate person/s with parental responsibility*	
Address:	
Postcode:	
Home Tel:	Mobile:
Languages spoken:	Interpreter Required: ☐ Yes ☐ No
Is there an Early Help / CIN / or Child Protection plan in place?	
Is the child looked after?	Name of Social Worker:
Date of Entry into UK: *(Referral to Overseas Dept if less than 12 months)*	Location of Patient:

Name:	NHS No:	DOB:

2. SETTINGS ATTENDING

Early Years Provision/School Attending:	
Number of Sessions per week (days / am / pm):	
Key Stage: FS/KS1/KS2/KS3	
Address:	
Postcode:	Tel No:
Keyworker/Class teacher:	SENCo:

3. MEDICAL INFORMATION

GP Full Name:	
Address:	
	Postcode:
Hearing Status:	Date of Test:
Relevant Medical History:	
Has the child had any previous contact with the Speech and Language Therapy Service?	
☐ Yes ☐ No Please give details:	
Dummy used until the age of:	

4. REFERRAL INFORMATION

a) What universal measures relating to communication have been implemented prior to referral?

- ☐ ASQ resources (health visitors)
- ☐ 'Fun to Talk' SLT leaflets (provided with early years referral toolkit)
- ☐ Speech & Language Toolkit (school age)
- ☐ 'Language Link, wellcomm or other published resource (school age)
- ☐ other (please state):

b) What was the impact on the child/family?

Name:	NHS No:	DOB:

c) Why do you feel the above measures are not sufficient/what concerns persist?

d) Please describe the child's speech, language & communication needs

Child's understanding of spoken language:

Child's language use/expression:

Using sounds:

Social interaction:

Stammer:

Other:

NB: Parts a to d must be completed to enable triage of this referral.

4. OTHER RELEVANT INFORMATION

Does the child have difficulty with other skills / areas of development e.g. learning, cognition, medical, emotional, behaviour and social skills?

Is the child known to any other agencies? e.g. paediatrician, educational psychology, CAMHS

5. SUPPORT AVAILABLE IN SETTING FOR ACTIVITIES / ADVICE

Northern Lincolnshire and Goole NHS Foundation Trust

Name:	NHS No:	DOB:

6. REFERRER'S DETAILS

Referrer's Name:	Profession:
Contact Address:	
Postcode:	Tel No:

7. CONSENT FOR REFERRAL

Referral to Speech and Language Therapy must be discussed with the parent / carer, and verbal consent gained. Please ensure the following is completed

Does the carer know their child may be discharged if they fail to attend their initial appointment without notification? ☐ Yes ☐ No

Signature of Referrer*:	Date:
Signature of Carer:	Date:

We are unable to accept the referral without consent from a person with parental responsibility
If only verbal consent can be gained, please state date discussed and agreed with parent

8. RETURN TO:

Health visitor and Systm1 users should refer using electronic referral processes
Please save a copy of these forms for your own records and send originals to:-
Speech & Language Therapy Service
North Lincolnshire Children's Therapy Team
New Beacon House
Ridgeway
Scunthorpe
DN17 1BS
Tel: 01724 203755
nlg-tr.NLChildrensTherapyTeam@nhs.net