

### Community Paediatric Referral Form for Speech and Language Therapy

To refer, parental consent confirmed, please email to [stgh-tr.commpaedsltreferrals@nhs.net](mailto:stgh-tr.commpaedsltreferrals@nhs.net) (preferred)  
OR print and mail to Children's Speech & Language Therapy, St John's Therapy Centre, St John's Hill, London, SW11 1SW

<b>Child's name</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Home address</b>	
<b>Postcode</b>	
<b>Mobile phone number</b>	
<b>Home phone number</b>	
<b>NHS Number (if known)</b>	
<b>Does the child require an interpreter</b>	
<b>Does the parent/carer require an interpreter</b>	
<b>Languages used</b>	
<b>GP Details</b>	
<b>School/Nursery details</b>	
<b>Name, Role, &amp; Contact details of referrer, if not Parent</b>	

#### Details of person(s) with parental responsibility and consent

<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	

<b>Contact number</b>		
<b>Relationship to child</b>		
<b>Consent agreed for referral</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Date of referral</b>		

## **Reasons for this child needing assessment**

Please give as much detail as possible to ensure referral is progressed effectively:

## **\*Essential Speech and Language Referral Information:**

### **Primary areas of concern for language and communication**

Please tick and give as much information as possible about your concerns:

- Child's ability to understand what is said to them**  
Please tick **any** statements that describe this child:
  - Child shows an understanding of basic routines
  - Follows short instructions e.g. get your coat?
  - Follows longer instructions e.g. get your shoes and bag?
  
- Use of spoken language**  
Please tick **any** statements that describe this child:
  - Uses less 10 words
  - Uses mainly single words (10-50 approx.)
  - Uses mostly short phrases of two or three words
  - Uses longer sentences which are sometimes jumbled
  
- Pronunciation of words (use of speech sounds)**  
Please tick **one** statement that describes this child:
  - Very unclear speech (adult unable to understand most words)
  - Mostly unclear speech (non-familiar adult unable to understand)
  - Mild difficulties (e.g. unclear 's' 'r' and/or 'l' sounds)
    - *Examples of speech heard:*
  
- Stammering/stuttering**  
Please tick **any** statements that describe difficulties heard:
  - Repeating start of word e.g. 'b-b-b-but'
  - Stretching sound e.g. 'mmmmum'
  - Getting stuck, no word coming out
    - How long has child been stammering/stuttering? > 1 year  / < 1 year
    - Is there a family history of stammering? **yes**  / **no**
  
- Social skills and appropriate interaction**  
Please tick **any** areas that are difficult for the child:
  - Using eye contact
  - Socialising with other children
  - Taking turns in play or conversation
  - Says things that are inappropriate to the situation