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

**To refer, parental consent confirmed, please email to** **CommPaedSLTReferral@stgeorges.nhs.uk** **(preferred)**

***OR* print and mail to Children’s Speech & Language Therapy, St John’s Therapy Centre, St John’s Hill, London, SW11 1SW**

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

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

|  |  |
| --- | --- |
| **Name** |  |
| **Address**  |  |
| **Postcode** |  |
| **Contact number** |  |
| **Relationship to child** |  |
| **Consent agreed for referral** | Yes [ ]  | No [ ]  |
| **Date of referral** |  |  |

**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