**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 parent/carer require an interpreter?** |  |
| **What languages are spoken at home?** |  |
| **What is the child’s strongest language for their speaking and/or understanding?** |  |
| **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?

**Comments and Examples:** Click here to enter text.

\*Do you have the same worries about the child’s understanding in their home language too?

Yes  No

**Comments and Examples:** Click here to enter text.

**Use of language**

Please tick **any** statements that describe this child:

Mostly uses body language to communicate (i.e. pulling you, taking your hand)

Copies words and phrases that you or others use (e.g. from youtube)

Uses less 10 words

Uses mainly single words (10-50 approx.)

Uses mostly short phrases of two or three words

Sentences are sometimes jumbled/ hard to follow

**Comments and Examples:** Click here to enter text.

\*Do you have the same worries about the child’s talking in their home language too?

Yes  No

**Comments and Examples:** Click here to enter text.

**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:*

\*Do you have the same worries about the child’s speech in their home language too?

Yes  No

**Comments and Examples:** Click here to enter text.

**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**

**Comments and Examples:** Click here to enter text.

**Social Communication**

Please tick **any** areas that you are concerned about for the child:

Using eye contact

Playing with other children

Initiating with others (e.g. asking you to join in, showing you what they are doing)

Taking turns in play / conversations

**Comments and Examples:** Click here to enter text.