

Paediatric Speech & Language Therapy Referral Form (updated July 2017)

Please print and complete in dark ink. **Incomplete forms will be returned.** We suggest that professionals referring a child complete this form in partnership with parents/carers.

Child's Details

Child's first name/s:	Child's Family name:
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Date of Birth:	NHS No:
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Address:	Male / Female (please circle)
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Telephone No:

Postcode:	Mobile:
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First Language:	Interpreter needed? Yes / No (please circle)
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Please circle ethnic code:		Asian/Asian British- Pakistani	J
White - British	A	Asian/Asian British – Bangladeshi	K
White - Irish	B	Any Other Asian Background	L
Any Other White Background	C	Black/Black British Caribbean	M
Mixed - White & Black Caribbean	D	Black/Black British African	N
Mixed – White & Black African	E	Any other Black Background	P
Mixed – White & Asian	F	Other Ethnic Groups – Chinese	R
Any Other Mixed Background	G	Other Any Other Ethnic Group	S
Asian/Asian British- Indian	H	Not Stated	Z

Any existing diagnosis?	
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Any known allergies?	
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Any medication?	
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Child's G.P

Name of GP:	Tel No:
Address of GP:	

Post code :

Details of all persons with Parental Responsibility

Name:	Name:
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Relationship to child:	Relationship to child:
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Address:	Address:
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Postcode:	Postcode:
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Contact No:	Contact No:
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Mobile No:	Mobile No:
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Any issues with home visits?

Childcare/Pre-School/Educational Setting:

Name	Address	Telephone Number	Contact Person
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When do they attend?

Is this child on the Special Educational Needs & Disability (SEND) Code of Practice?
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No	SEN Support	Has a statement of SEN or EHC plan?
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Key people/agencies involved (past or present) Please attach any relevant information from these people (e.g. Playplans/IEPS, reports, details of strategies or interventions), ensuring parental/carer's consent has been given.

Name	Role/Agency	Contact Details	Reason for involvement

Legal Care Status

<p>Is the child/young person adopted? Yes / No</p> <p>Placing authority:</p> <p>Date of Adoption Order:</p>	<p>Is the child/young person looked after? Yes / No</p> <p>Placing authority: Interim Care Order / Care Order / Section 20 / Placement Order / Other:</p> <p>Were the Foster Carers approved by Solihull? Yes / No If no, by whom?</p>
<p>Allocated Social Worker</p>	<p>Social Work Team</p>
<p>Email & contact number</p>	<p>Foster Carers' Link Worker & Contact Number</p>

Is this child on a child protection plan? Yes / No

Is this child entitled to NHS treatment? Yes / No

Consent for this Referral and Information Sharing: (*Informed consent in this section must be obtained by parent/guardian before submitting a request for a referral and to share information with other agencies regarding the speech and language needs of your child*).
I/We give consent for a referral for assessment to be made for the above named child to the service(s) indicated above.

Signed:

Relationship to child:

Date:

Referrer Details:	
<p>Name:</p>	<p>Address:</p>
<p>Designation:</p>	<p>Contact Number:</p>

Referrers Signature:

The Paediatric Speech & Language Therapy Service will see children where there are concerns about communication or feeding and fall into the following category:

- Children with 2 year funding from Solihull council in Solihull early years settings
- Children aged between 0-18 years who have a Solihull GP.
- Children up to 19 years of age if they are in full-time education within a Solihull special school

REASON FOR REFERRAL

AREA OF CONCERN	PLEASE ONLY COMMENT ON AREAS OF CONCERN, ENCLOSE REQUESTED DOCUMENTS AND COPIES OF ANY OTHER USEFUL INFORMATION (e.g. reports, IEPs or alternative screening tool)
Early Years (2-Year-Funded Nursery Placements only)	Include EYFS profile, EY setting questionnaire & SLT parental questionnaire.
Understanding of spoken language	Include ASQ3/EYFS/National Curriculum/Language Link profile & SLT parental & school questionnaire
Spoken language	Include ASQ3/EYFS/National Curriculum/Language Link profile & SLT parental & school questionnaire
Speech sounds	Include ASQ3/EYFS/National Curriculum/Language Link profile & SLT parental & school questionnaire
Fluency	Include ASQ3/EYFS/National Curriculum/Language Link profile & SLT parental & school questionnaire
Voice	Include ASQ3/EYFS/National Curriculum/Language Link profile & SLT parental & school questionnaire
Feeding/Swallowing	Include SLT parental & dysphagia questionnaire

Please return this form to:

**Paediatric Speech & Language Therapy
Chelmsley Wood Primary Care Centre
Crabtree Drive
Birmingham
B37 5BU**

Tel: 0121 722 8010 Fax: 0121 424 5916