

**Hull and East Riding Adult Speech and Language Therapy Service**

**Referral Form**

**\*Please Note: Incomplete forms will be returned resulting in delayed assessment\***

|  |  |
| --- | --- |
| Name of Referrer:  | Date of Referral:  |
| Job Title: |
| Address & contact number/email:  |
| **PATIENT DETAILS** |
| Registered GP:  | GP Practice Address: |
| Telephone Number: |
| Title:  | Forename:  | Surname:  | Known as:  |
| Date of Birth:  | NHS Number:  |
| Gender: | Ethnicity: |
| Religion:  |
| Address:  |
| Patient Home Telephone Number:  | Patient Mobile Number: |
| Preferred contact number: Home [ ]  Mobile [ ]   | Email address: |
| Lives alone/carers/nursing home/residential home: | Next of Kin/Carer/Emergency contact: |
| Consent to contact via SMS  | Yes [ ]   | No [ ]  |
| Consent to contact via SMS & Email  | Yes [ ]   | No [ ]  |
| Translator required:  | Yes [ ]  | No [ ]  | Language required: |
| Accessible information needs:  | Yes [ ]   | No [ ]   | Detail needs: |
| Diagnosis:  | Client aware of diagnosis?  | Yes [ ]  |  No [ ]  |
| **SUPPORTING INFORMATION** |
| Is there a Lone working risk?  | Yes [ ]  | No [ ]  |
| Is there a Safeguarding risk?  | Yes [ ]  | No [ ]  |
| Has the patient given consent for the referral?  | Yes [ ]  | No [ ]  |
| Any concerns re Mental Capacity?  | Yes [ ]  | No [ ]  |
| **ReSPECT** document in place?  | Yes [ ]   |  No [ ]  | **(If yes give details)** |
| Smoking: | Yes [ ]   |  No [ ]  | Don’t know [ ]  |
| **MEDICAL HISTORY** |
| **(Include any relevant history, issues with hearing, vision, memory or attach medical history summary, neurology or ENT reports etc):** **The following information will be used to prioritise swallowing referrals received –** (Please ensure accurate responses to the questions below or there may be a delay in processing the referral)  |
| Ongoing or recurrent chest infections | Yes [ ]  | No [ ]  |
| High risk of dehydration/malnutrition - **Please consider referral to Dietetics service if concerns regarding significant weight loss.** | Yes [ ]  | No [ ]  |
| Rapidly deteriorating or receiving end of life care | Yes [ ]  | No [ ]  |
| History of choking episodes requiring back slaps / abdominal thrusts | Yes [ ]  | No [ ]  |
| **Please note choking occurs due to obstruction of a solid bolus, which causes inability to breathe. Please do not tick this box if only coughing is observed, or no intervention e.g. back slaps required.** |
| **SOCIAL INFORMATION** |
|  |
| **REASON FOR REFERRAL** |
| **Communication ?**  | Yes [ ]  | No [ ]  |
| **(Please provide information regarding speech or language difficulties observed e.g. word finding difficulties, slurred speech, stammer, voice changes. Please note voice referrals can only be accepted with a recent ENT report attached).** |
| **Swallowing?**  | Yes [ ]  | No [ ]  |
| **Any previous SLT involvement/recommendations in place?**  | Yes [ ]  | No [ ]  | **(If yes give details)** |
| **Current intake:**Difficulties or concerns noted: |
| Coughing on: fluids | Yes [ ]  | No [ ]  |
| Coughing on: solids | Yes [ ]  | No [ ]  |
| Reduced intake: fluids | Yes [ ]  | No [ ]  |
| Reduced intake: solids | Yes [ ]  | No [ ]  |
| **Please send by email to:** **chcp.247111@nhs.net** **or contact Tel – 01482 247111** **Exclusions:*** GP not a Hull or East Riding GP
* Younger than 18 years
* Difficulties related to confirmed learning disability (refer to Community Team for Learning Disabilities)
* Voice difficulties and live in Hull (refer to SLT Team at Hull Royal Infirmary)
* Speech or swallowing disorders due to head and neck cancer (refer to SLT Team at Hull Royal Infirmary)
* New diagnosis of stroke (refer to Hull Integrated Stroke Service)
* Patient with oesophageal level swallowing difficulties only (may require gastroenterology referral)
* Difficulties only with swallowing medication (refer to GP / pharmacist as indicated)
* **Referrals must be signed by a registered health/ social care professional or care home manager/ deputy.**
 |

\* **Please note it is CHCP Policy that a family member or friend cannot be used for translation purposes\***