

## Speech & Language Therapy Service Community Pre-School Referral

Print Code: WQN 630    Version: 2.4

<b>1. Child's Details</b>	
Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
NHS No:	DOB:
Full Name of Parent / Guardian / Carer*: <span style="float: right;">(*Please specify)</span>	
Address:	
	Postcode:
Home Tel:	Mobile:
First Language if not English:	Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-School / Playgroup Attended:	
Number of Sessions per week:	am / pm

<b>2. Medical Information</b>	
GP Full Name:	
Address:	
	Postcode:
Hearing Status:	Date of Test:
Relevant Medical History:	
Milestones (age achieved) : <input type="checkbox"/> Walking <input type="checkbox"/> 1 <sup>st</sup> Words <input type="checkbox"/> Toilet Trained	
Family History of Speech and Language Therapy Difficulties:	
Has the child had any previous contact with the Speech and Language Therapy Service?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Please give details:	

Name:	DOB:	NHS No:
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## 2. Medical Information Continued

Was the child Full Term / Premature?	
Dummy used until the age of:	
Details of any other Agencies involved:	
Name:	
Address:	
	Postcode:

## 3. Relevant Social Details

Number and position in family:	
Is / are parents anxious about this child's speech / language development:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the carer agreed to the referral being made:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the carer know their child will be discharged if they fail to attend their initial appointment without notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which clinic would they prefer to attend?:	<input type="checkbox"/> Immingham <input type="checkbox"/> DPOW Hospital
(Please note – While we will endeavour to see this child at the clinic specified above, staffing levels may result in the 1 <sup>st</sup> choice not being available)	

## 4. Reason for Referral

(You may need to tick more than 1 box. Please give further details where appropriate)	
Difficulties with:	
A) Speech sounds	
Which sounds do they find difficult?	
- <input type="checkbox"/> S	
- <input type="checkbox"/> F	
- <input type="checkbox"/> K, c	
- <input type="checkbox"/> Blends (e.g. <u>s</u> poon, <u>t</u> ractor)	
- <input type="checkbox"/> Many sounds	
- <input type="checkbox"/> Other	
B) Using words and sentences	
Do they use?	
- <input type="checkbox"/> Single words only	

Name:	DOB:	NHS No:
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#### 4. Reason for Referral Continued

-  2 words together (e.g. daddy gone)

-  More than 2 words

#### C) Understanding Language

Are they able to carry out instructions (without clues e.g. gestures, pointing) of:

-  1 main word (e.g. 'give me the spoon')

-  2 main words (e.g. 'put the pencil in the box')

-  More than 2 words (e.g. 'put the brick under the chair')

#### D) Fluency / Stammering

If so:

-  Has the child stammered for more than 12 months

-  Is the child aware of the stammer

-  Does anyone else in the family stammer

-  Has anyone else in the family stammered in the past

#### E) Other (Please specify)

#### 5. Associated Difficulties

Attention / Listening (Comments)

Play

Social Interaction

#### 6. Referrer's Details

Referrer's Name:

Profession:

Contact Address

Postcode: Tel No:

Name:	DOB:	NHS No:
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**6. Referrer's Details Continued**

Length of time monitoring the child's speech and language:

What information has the referrer provided to the carers before referral?

A)  Top Tips for Talking  
[http://nlqnet.nlg.nhs.uk/ifp/leaflets/Top%20Tips%20for%20Talking%20\(IFP-0614\).pdf](http://nlqnet.nlg.nhs.uk/ifp/leaflets/Top%20Tips%20for%20Talking%20(IFP-0614).pdf)

B)  Top Tips for stammering  
[http://nlqnet.nlg.nhs.uk/ifp/leaflets/Top%20Tips%20for%20Stammering%20\(IFP-0308\).pdf](http://nlqnet.nlg.nhs.uk/ifp/leaflets/Top%20Tips%20for%20Stammering%20(IFP-0308).pdf)

C)  Top Tips for Listening  
[http://nlqnet.nlg.nhs.uk/ifp/leaflets/Top%20Tips%20for%20Listening%20\(IFP-0307\).pdf](http://nlqnet.nlg.nhs.uk/ifp/leaflets/Top%20Tips%20for%20Listening%20(IFP-0307).pdf)

D)  Dummy Advice

E) List other verbal advice you have given:

**7. Referral to Speech and Language Therapy**

Referral to Speech and Language Therapy must be discussed with the parent / carer, and verbal consent gained. Please ensure the following is completed.

Date of Referral:        /   /

Parent Signature:

Please Print Name:     

Return to:

Appointments Clerk  
 Speech & Language Therapy Department  
 Diana Princess of Wales Hospital  
 Scartho Road  
 Grimsby  
 DN33 2BA