**Information Governance**

**Please email the completed form securely to** **admin.services@bdct.nhs.uk** **with the subject “SaLT Referral”  or Fax to 01274 215660**

**Please call 01274 221166 with any queries.**

**Speech and Language service**

Physical Health Administration Hub

New Mill

Victoria Road

Saltaire

BD18 3LD

 Tel: 01274 221166

Fax: 01274 215660



**Speech and Language Therapy – Adult Community and Mental Health**

**Communication**

**Referral form**

**Please see referral criteria at the end of this form before making your referral**

We triage referrals based on the information provided by you. To save yourself time and to ensure the person is seen as quickly as possible please complete **all** parts of this form.

**Forms with missing or insufficient information will be returned to you to complete and delay the person being seen.**

Please **sign** to confirm you have read and understand this \_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Personal information**  |
| **Surname** |  | **Title**  |       |
| **Forename(s)** |       | **Date of birth** |       |
| **Contact number** |       | **NHS number** |       |
| **Address** |       |
| Lives alone [ ]  | Lives with       |
| **Carer** | No carer involved [ ]  |
| Carer’s name:       | Contact number:       |
| **Communication** | First language:       | Interpreter required? [ ] Preferred gender: M/F |
| **Referral information** **Please note: Must have diagnosis of a neurological and/or mental health condition** |
| **Primary medical diagnosis (e.g Stroke, Parkinson’s Disease) and relevant medical history (e.g acid reflux, COPD) -including surgery e.g. mouth, throat, stomach:** (*GPs - Please note that patient summaries are* ***NOT*** *appropriate*)       |
|  |
| **CONSENT**Has the person given their informed consent to this referral?  Yes [ ]  No [ ]  *If no, is it because the person lacks capacity to give their informed consent at this point in time? Yes [ ]  No [ ]  If so, please explain why this referral is considered to be in the person’s best interests:* **If the patient has been assessed as lacking capacity to consent to this referral at this time, please ensure (where possible) their next of kin has been informed about this referral.** Name of person informed: Relationship:  Contact telephone number: |
|  **Communication** **Please answer the following questions** |
| **Understanding**Does the person have problems understanding what is being said to them?**Speech and communication** Is the person’s speech slurred and unclear?Do the person’s words come out jumbled up?Does the person have problems finding the words they want or putting sentences together?**Reading and writing**Does the person have problems with reading and writing? (related to their illness NOT reading and writing problems which have existed throughout school and beyond)**Getting their message across in other ways:**Does the person use gesture or pointing to get their message across?Does the person have a communication aid? E.g Communication book, alphabet board, Text to Speech app**Frequency and severity**How bad are these problems? (person/carer/relative’s view)**Impact of communication difficulty:** Can the person be understood by: Is the communication problem stopping the person from going about their daily life?*Add in:**Request for specific support:**Support with MCA assessment**Support to engage in rehab with other professionals*Other: | Yes [ ]  No [ ]  Details:        Yes [ ]  No [ ]  Details:        Yes [ ]  No [ ]  Details:        Yes [ ]  No [ ]  Details:        Yes [ ]  No [ ]  Details:       Yes [ ]  No [ ]  Details:        Yes [ ]  No [ ]  Details:       **SEVERE: always causing problems****MODERATE: can cause problems half the time or less each day****MILD: sometimes an issue -but can manage** **NO PROBLEM**Everyone [ ]  Familiar people only [ ]   Nobody [ ]  Yes [ ]  No [ ]   |
| **Details of any previous SLT input:** When seen:What for: |
| **Lone worker risk**Home visits are carried out by lone therapists. If you are aware of any risks presented by the **patient’s** or **relative’s** behaviour or **within** or **in the vicinity of the patient’s home**, please give details here. *Examples: Drug or alcohol misuse, mental health conditions that have led to previous violent incidents or other hazards.* |
| **Referrer and GP details** |
| Date of referral:       |
| GP name:       | GP address:       |
| Contact number:       |
| **Referrer (if different to the GP)** |
| Name:       | Job title:       |
| Base:       | Contact number:       |
| **Is the GP aware of this referral?** Yes [ ]  No [ ]  Please note it is the referrer’s responsibility to ensure the GP is aware of this referral. |

**Inappropriate referrals - What we don’t accept**

Referrals for the following people would not be accepted by the Community and Mental Health team, but should be referred to other Speech and Language Therapy teams or local charities.

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| --- | --- |
| **Person and their communication problem** | **The team or charity that can help best** |
| Adults with a communication difficulties who have a diagnosis of a Learning Disability | Adult Learning Disability Speech and Language Therapy Team Contact: Waddiloves Health Centre -01274 497 121. |
| Adults with head and neck cancer | Macmillan Speech and Language Therapy Team based at Bradford Royal Infirmary.Contact Speech and Language Admin Hub: 01274 221166 |
| Adults with **no** neurological or mental health diagnosis who are dysfluent/stammer **Action: Find out re provision in BDCT/Airedale** | Dysfluency Specialist TherapistContact Speech and Language Admin Hub: 01274 221166 |
| Adults in a community setting with a diagnosis of Autism who do not have a learning disability  | Contact local Autism services <http://www.specialistautismservices.org/our-services/> or the National Autistic Society <https://www.autism.org.uk/> |
| Adults who have had dyslexia since childhood | Contact local adult dyslexia services or charities such as [www.dyslexiaaction.org.uk/](http://www.dyslexiaaction.org.uk/)  |
| Adults with speech difficulties resulting from hearing loss | Refer to Morley Street.Get number |

**We do not accept referrals for the following difficulties as there is currently no NHS service provision:**

* Adults with childhood speech difficulties (e.g lisps) who were discharged as children as optimum was reached.
* Adults requiring input for confidence building, social skills, or public speaking. NB Referrals for confidence building may be accepted in the mental heath service

**Add info re accessing private input (paid) https://asltip.com/**