**Information Governance**

**Please email the completed form securely to** [**admin.services@bdct.nhs.uk**](mailto: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

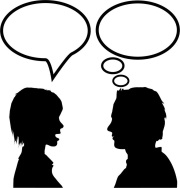
Victoria Road

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.**

Image result for warning black and whitePlease **sign** to confirm you have read and understand this \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.

|  |  |
| --- | --- |
| **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 Therapist  Contact 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/**