

**PLEASE NOTE THIS REFERRAL IS FOR COMMUNICATION REFERRALS ONLY. DYSPHAGIA REFERRALS SHOULD BE MADE ON THE DYSPHAGIA FORM.**



**Community Services**  
Part of University Hospitals Birmingham  
NHS Foundation Trust

## Paediatric Speech & Language Therapy Referral Form (updated April 2019)

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)
	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	<b>J</b>
White - British	<b>A</b>	Asian/Asian British – Bangladeshi	<b>K</b>
White - Irish	<b>B</b>	Any Other Asian Background	<b>L</b>
Any Other White Background	<b>C</b>	Black/Black British Caribbean	<b>M</b>
Mixed - White & Black Caribbean	<b>D</b>	Black/Black British African	<b>N</b>
Mixed – White & Black African	<b>E</b>	Any other Black Background	<b>P</b>
Mixed – White & Asian	<b>F</b>	Other Ethnic Groups – Chinese	<b>R</b>
Any Other Mixed Background	<b>G</b>	Other Any Other Ethnic Group	<b>S</b>
Asian/Asian British- Indian	<b>H</b>	Not Stated	<b>Z</b>

<b>Any existing diagnosis?</b>	
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<b>Any known allergies?</b>	
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<b>Any medication?</b>	
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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

When do they attend?

Is this child on the Special Educational Needs & Disability (SEND) Code of Practice?

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 &amp; contact number</p>	<p>Foster Carers' Link Worker &amp; 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:** \_\_\_\_\_

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

**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

<b>AREA OF CONCERN</b>	<b>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)</b>
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

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**