

**SOLIHULL PAEDIATRIC SPEECH & LANGUAGE THERAPY DEPARTMENT
REFERRALS FOR DYSPHAGIA ONLY**

CHILD AND PARENTS/CARERS DETAILS:

Child/Young Person's Name:	Date of Birth:
Child's Address:	
Postcode:	
Male or Female (please circle)	Is this child/young person looked after by the Local Authority? YES / NO (please circle)
NHS No:	
Name of Child/Young Person's GP:	
Telephone Number of GP :	
Address of GP Practice:	
Postcode:	
Please note that we only accept referrals for children with a Solihull GP	

Please tick as appropriate			
		Asian/Asian British – Pakistani	
White British		Asian/Asian British – Bangladeshi	
White Irish		Any Other Asian Background	
Any Other White Background		Black/Black British Caribbean	
Mixed White & Black Caribbean		Black/Black British African	
Mixed White & Black African		Any Other Black Background	
Mixed White & Asian		Other Ethnic Groups – Chinese	
Any Other Mixed Background		Any Other Ethnic Group	
Asian/Asian British – Indian		Not Stated	

Please give full names and addresses (if different) of each parent/carer responsible for this child/young person where applicable (**please indicate who has designated parental responsibility**)

Name:	Name:
Mother Father Carer (please circle)	Mother Father Carer (please circle)
Address:	Address:
Postcode:	Postcode:
Contact Telephone Number: <i>Can a message be left on these numbers? Yes/No</i>	Contact Telephone Number <i>Can a message be left on these numbers? Yes/No</i>
Home:	Home:
Mobile:	Mobile:

REFERRER DETAILS Please tell us who is completing this referral.

Name:	Role: (Parent/professional role)
Address:	Contact Number:

Who is currently involved with the child/young person? E.g. Paediatrician, Health Visitor, Speech and Language Therapist, Social Care. If child/young person is currently supported by Social Care please put full details below and explain why they were involved.

Name	Title/Profession	Contact Information

If the child has been seen by a Speech & Language Therapist previously for eating & drinking advice, please give details here:

When were they last seen, and by which SLT service?	
Have their eating & drinking skills changed since this time?	
Have there been any chest infections and/or signs of aspiration (<i>e.g. coughing, eye watering, changes in breathing, changes in colour, changes in voice quality, gagging</i>) since the child was last seen?	
Are the family/setting following the eating/drinking advice given previously? If so, and there are signs of aspiration re-referral should be considered. Re-referral may also be appropriate if families feel that current advice is no longer appropriate and they require support in transitioning to a different texture.	

Please complete the referral information as fully as possible to help the screening process:

<p>Childs medical diagnosis and medical history</p>	
<p>Does the child have any difficulty in any area of general development (e.g. physical, learning)?</p>	
<p>What are your concerns about the child's eating and/or drinking? (i.e. why you are referring)</p>	
<p>Details of Childs weight loss or gain</p>	
<p>Current Medication</p>	
<p>Current eating Describe consistency, preferred foods, estimated quantity and time needed to complete main meal and any reported difficulties</p> <p>Please note if your child is tube-fed.</p>	
<p>Current Drinking Describe utensils used, preferred drinks and any reported difficulties</p>	
<p>Please detail Parental / Carer concerns</p>	
<p>Has the child had any Videofluoroscopy Studies carried out? Please give details</p>	

Is there evidence of: (please tick and give details)

SIGNS	Y/N	Comments: Including how often do these signs occur; when did this last happen?
Chest infections		
Choking		
Frequent coughing either before/during/after eating (please include details of type of food)		
Frequent coughing either before/during/after drinking		
Discomfort following a meal		
Regurgitation/reflux		
Constipation		
Urinary infection		
Gagging		
Vomiting		
Food refusal		
General sensory defensiveness		
ENT problems		
Any other comments:		

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