**Adult Speech and Language Therapy**

**Referral Form**

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| **Patient Name:** | **NHS No:** |
| **Date of Birth:** | **Contact Number:** |
| **Address:** | **Ethnicity:** |
| **Next of Kin name, relationship and contact details:** | |
| **Referrer name and designation:** | **Date of referral:** |
| **Referrer contact details:** | **Needs a home visit (why)?:** |
| **GP Surgery:** | |

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| **Medical Diagnosis** |
| (please attach medical history if available) |

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| **Swallowing Referral** | |
| Reason for referral: | |
| Onset and frequency of difficulty: |  |
| Details of any recent chest/urine infections: |  |
| Has the patient experienced any weight loss? | Yes  No  If yes, please give details: |
| Current Recommendations – Diet | Level 7 - Regular  Level 7 - Regular Easy to Chew  Level 6 - Soft and Bite-sized  Level - 5 Minced and Moist  Level- 4 Pureed |
| Current Recommendations – Fluids | Level 0 - Thin  Level 1 - Slightly Thick  Level 2 - Mildly Thick  Level 3 - Moderately Thick  Level 4 - Extremely Thick |
| Is patient on end of life care pathway? Yes  No  If yes – please consult the Palliative Feeding for Comfort guidelines for support with management before referring to SLT  <https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2017/01/Palliative-Feeding-for-Comfort-Guideline.pdf> | |
| **Communication Referral** | |
| Reason for referral: | |

For patients who have cancer red flags, please use the cancer 2ww form rather than referring to SLT.

Referrals will be triaged by a Speech and Language Therapist within 2 working days

Referrals triaged as urgent will be contacted within 2 weeks

Referrals triaged as routine will be contacted within 4-8 weeks

Please return completed referral form to: [Buc-tr.adultsltreferrals@nhs.net](mailto:Buc-tr.adultsltreferrals@nhs.net)

Please note incomplete forms will be returned.

For further information, please contact the department on 01494 323440 or use the above email address.