

Speech and Language Therapy: Adult Community Team Referral

Criteria: Adults with communication and/or swallowing difficulties that need domiciliary visit

Please email completed form to sth.sltreferrals@nhs.net

Forms can be posted but will take longer to process: Speech and Language Therapy Adult Community Team, Vickers Main Hall, Northern General Hospital, Sheffield S5 7AU Tel: 0114 305 2565

Where there is a service that can offer a more specialised approach, referrals will be redirected
Please try to direct your referral to the correct service in the first instance:

Criteria :	Service to refer to:	Please Contact :
Stroke within last 12 weeks	Community Stroke Service (CSS)	SPA Tel: 0114 226 6566
Learning Disability and previously known to CLDT	Community Learning Disability Team (CLDT) ; Love Street	Referrals: Fax: 0114 305 0933 Queries: Tel: 0114 226 1562
Primary Neurological diagnosis (except dementia, and stroke) and under a neurologist e.g. MS, MND, PSP, Huntington's disease	Neurological Enablement Service (NES)	Referral Point Unit (RPU) Tel: 0114 271 1237

Has person consented to this referral?	Date:
Referred by: Job title:	Contact details:

Client Information

Name:	DOB:
NHS Number:	Language:
Address:	Home telephone number:
	Relevant contacts:
GP name:	GP Practice:

Home circumstances

Residential Care	Nursing care	Intermediate Care	Other:
With family/ spouse	Alone with package of care	Alone – no social services support	
Do you know of any reason why a home visit to this person might not be appropriate? (state below)			

Reason for referral

Medical History/Diagnoses inc. recent illness /change affecting general health status	
Other Teams involved:	
Swallowing (Dysphagia): Describe the problem and the impact it is having. Please detail: Onset of problem; signs of dysphagia, what you think it may be related to; does anything help? Previous SLT contact and current advice. What advice or support are you hoping to receive from making this referral? NB If a choking incident has occurred <i>identify what the food item was</i> and state <i>what measures were required</i> e.g. back slaps , suction, 999 call	
Usual diet texture:	Nutritional Status: e.g. BMI (?stable), MUST score / supplements
Usual fluid consistency:	Chest status: Give details of recent and current chest status
Communication: Describe the communication difficulty and the impact it is having; Has this person been seen previously by SLT? What strategies/ methods of support are currently in place to support communication? What advice or support are you hoping to receive from making this referral?	