**ADULT SPEECH & LANGUAGE THERAPY (Community Only)**

**COMMUNICATION & SWALLOWING REFERRAL**

PLEASE COMPLETE ALL RELEVANT SECTIONS

**(incomplete referrals will be returned)**

**PERSON BEING REFERRED**

Name: Click here to enter text. Date of Birth:Click here to enter text.

NHS Number:Click here to enter text.

Contact Address:Click here to enter text.

Telephone number: Click here to enter text.

GP Name:Click here to enter text.

Contact Address & telephone number: Click here to enter text.

Carer Contact (if required): Click here to enter text.

**MEDICAL BACKGROUND**

Relevant diagnosis and past medical history: Click here to enter text.

Relevant medication: Click here to enter text.

**SWALLOWING SECTION:**

What food and drink is the person NOT managing? Click here to enter text.

Please include the consistencies the person is NOT managing: Click here to enter text.

**Reason for referral:**

Loss of weight last 3-6months? **Y**[ ]  **N** [ ]

Amount of loss Click here to enter text.

New episode coughing/choking on drinks? **Y**[ ]  **N** [ ]

New episode coughing/choking on food? **Y**[ ]  **N** [ ]

Has it stayed the same/improved/deteriorated? Click here to enter text.

Deterioration of pre-existing swallowing difficulties? **Y**[ ]  **N** [ ]

Have there been recurrent chest infections? **Y**[ ]  **N** [ ]

If Yes, please state how many and when: Click here to enter text.

Difficulty swallowing saliva? **Y** [ ]  **N** [ ] Other:Click here to enter text.

How long have the symptoms been occurring?Click here to enter text.

Have there been any relevant investigations, e.g. Videofluoroscopy, Barium Swallow, Click here to enter text.

Please describe the level of frustration/anxiety that the person/carer is experiencing:Click here to enter text.

Is the person experiencing regurgitation of food/drink? Or the sensation of food getting stuck below the level of the throat after swallowing?

**If so please refer to Gastroenterology.**

**COMMUNICATION SECTION:**

Is this is a new problem? **Y**[ ]  **N** [ ]

Is the problem getting worse? **Y**[ ]  **N** [ ]

Please indicate if you have concerns regarding the following:

Understanding spoken language **Y**[ ]  **N** [ ]

Speaking and getting the right words out **Y**[ ]  **N** [ ]

Reading/writing **Y**[ ]  **N** [ ]

Slurred speech **Y**[ ]  **N** [ ]

Stammer **Y**[ ]  **N** [ ]

Voice Problem **Y**[ ]  **N** [ ]

Other: Click here to enter text.

Please describe the level of frustration/anxiety that the person/carer is experiencing:Click here to enter text.

Please rate the person’s ability to communicate in social or work situations:

**0**[ ] **\_\_\_1**[ ] **\_\_\_\_2**[ ] **\_\_\_\_3**[ ] **\_\_\_\_4**[ ] **\_\_\_\_5**[ ] **\_\_\_\_6**[ ] **\_\_\_\_7**[ ] **\_\_\_\_8**[ ] **\_\_\_\_9**[ ] **\_\_\_\_10**[ ]

**No Difficulty** **Severe Difficulty**

**Please note: the management of the patient’s nutrition, hydration and communication remains the responsibility of the GP or Extensive Care Team until the patient has been seen by the Speech and Language Therapy Service. It is essential that you inform us of any changes to the patient’s condition whilst the patient is awaiting assessment.**

**REFERRER DETAILS**

Name:Click here to enter text. Profession:Click here to enter text.

Contact Address & Telephone number:Click here to enter text.

Email address: Click here to enter text.

Date of Referral: Click here to enter text.

Has the person consented to this referral being made?  **Y** [ ]  **N**[ ]

**Risk Identification**: **Are you aware of any potential risks to our staff from the person, their home or other members of the person’s household? Y** [ ]  **N**[ ]

**If yes, please give details**:Click here to enter text.

PLEASE RETURN TO:

**Speech & Language Therapy Adults, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR**

**Tel: 01253 953873**

**Email:** bfwh.askaspeechtherapist@nhs.net

**Chairman:** Pearse Butler **Chief Executive:** Kevin McGee

### RESEARCH MATTERS AND SAVES LIVES - TODAY’S RESEARCH IS TOMORROW’S CARE

Blackpool Teaching Hospitals is a Centre of Clinical and Research Excellence providing quality up to date care.  We are actively involved in undertaking research to improve treatment of our patients.  A member of the healthcare team may discuss current clinical trials with you.