Berkshire Healthcare
NHS Foundation Trust

Speech and Language Referral Form

Email Referrals – integratedhub@berkshire.nhs.uk

All fields need to be completed for the referral to be accepted.

Name of client: Date of Birth:	NHS Number:	Referral Date:
Has client consented to service: Yes ☐ No ☐	Name of person making referral: Job title, Department, Address:	
Client's ethnicity: Client's main language: Interpreter needed? Yes ☐ No ☐	Contact telephone number: Contact email:	
Client's Address: Postcode: Telephone Number/s:	GP Name, address, telephone, email:	
	Next of Kin: Relationship: Contact Number: Carer information:	

All appointments will be held in clinic unless client is bedbound or housebound.
Is the client bedbound/housebound (this should be documented in the GP summary)? Yes ☐ No ☐
Does client have a keysafe? Yes ☐ No ☐

Communication requirements?

Unable to use the phone ☐ Hard of hearing ☐ Unable to read ☐ Other (please specify) ……

Medical Conditions

Please attach any recent relevant reports from consultants/investigations relating to the client's condition e.g. neurologists, videofluoroscopy, gastroenterologist/barium swallow, ENT

Medication

Referral for: Swallowing ☐ Communication ☐

Please state reason for referral and goal of assessment/therapy:

Client Name:	NHS Number:

For COMMUNICATION referrals ONLY:
Sudden onset ◯ **Gradual decline** ◯

Current difficulties:

- ☐ Slurred speech
- ☐ Difficulty producing words or connected speech / word finding difficulties
- ☐ Difficulty comprehending / understanding language / following instructions
- ☐ ↓ Voice quality e.g.: hoarse, breathy, soft.

Please note: if client is being referred for specific voice difficulties, they must have had a recent ENT assessment (within 6 months). Please attach report.

For SWALLOWING referrals ONLY:
Sudden onset ◯ **Gradual decline** ◯

Current recommendations / oral intake: Oral intake ☐ Nil by Mouth ☐ PEG ☐

Diet:

- ☐ Level 7, Regular
- ☐ Level 7 Regular; Easy-to-chew
- ☐ Level 6, Soft & Bite-sized
- ☐ Level 5, Minced & Moist
- ☐ Level 4, Puree
- ☐ Level 3, Liquidised

Fluids:

- ☐ Level 0, Thin
- ☐ Level 1, Slightly Thick
- ☐ Level 2, Mildly Thick
- ☐ Level 3, Moderately Thick
- ☐ Level 4, Extremely Thick

Please refer to IDDSI framework if unsure - www.iddsi.org

Signs of aspiration:

Coughing on foods Occasionally *(1-3 times per week)* ☐ Once a day ☐ Every meal ☐

Coughing on fluids Occasionally *(1-3 times per week)* ☐ Once a day ☐ Every drink ☐

Recurrent, unexplained chest infections Yes ◯ No ◯

Choking episodes on food: Partial or complete obstruction of the airway that may have required back slaps or abdominal thrusts and possible hospitalisation Yes ◯ No ◯

Other eating and drinking difficulties:

- ☐ Drooling
- ☐ Difficulty keeping food in mouth
- ☐ Holding food in mouth
- ☐ Effortful Chewing
- ☐ Sensation of food sticking in throat
- ☐ Other ……..

Thank you for completing this referral. Please make sure all the necessary details have been submitted as this helps us to triage appropriately.