Berkshire Healthcare
NHS Foundation Trust

Adult Speech and Language Therapy (ASLT) referral form

Version 6 (October 2026)

Please send all referrals to **integratedhub@berkshire.nhs.uk**

Referral date:	Has client consented to service? ◯ Yes ◯ No

Referrer details

Referrer name:	Referrer phone:
Referrer job title:	
Referrer email address:	

Client details

Client name:	NHS number:
Ethnicity:	Date of birth:
Main language:	Interpreter needed? ◯ Yes ◯ No
Client address:	
Client postcode:	Client phone:
Next of kin name:	
Next of kin phone:	Relationship:
Please provide an appropriate email contact for booking appointments and online assessment	
Client email address:	
Can client attend telephone/video consultation independently or with support? ◯ Yes ◯ No	
Are there any barriers to access? ☐ Unable to use phone ☐ Hard of hearing ☐ Unable to read ☐ Other (please specify):	

Client details (cont.)

All face-to-face appointments will be held in clinic unless client is bedbound or housebound.
Is the client bedbound/housebound? ◯ Yes ◯ No
Does client have a keysafe? ◯ Yes ◯ No
Medical conditions and any relevant medications:
Attachments included: ◯ Yes ◯ No
If yes, please state attachments being provided (e.g. mealtime logs, clinic letters etc): **Important notes** • Referrals from care homes for occasional swallowing difficulties must have a mealtime log submitted alongside this referral form. • If you have ticked 'yes' and no attachments are received, the referral may be rejected.

Client's GP details

GP name:	GP phone:
GP address:	
GP email address:	

Communication referrals:

◯ Sudden onset ◯ Gradual decline
Current difficulties/diagnosis and aim of therapy:

Swallowing referrals:

◯ 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 and bite-sized
- ☐ Level 5, Minced and moist
- ☐ Level 4, Purée
- ☐ 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: **www.iddsi.org**

Signs of aspiration

Coughing on foods: ◯ Occasionally (1-3 times per week) ◯ Daily ◯ Every meal

Coughing on fluids: ◯ Occasionally (1-3 times per week) ◯ Daily ◯ Every drink

Recurrent, unexplained chest infections: ◯ Yes ◯ No

Current difficulties/diagnosis and aim of therapy:

Please contact our service should you wish to discuss a referral in more detail.

Exclusion criteria

General / communication exclusions:

- Learning disability (Refer to CTPLD)
- Developmental dysfluency (stammering)
- Voice disorders
- Developmental dyslexia, dyspraxia, dyscalculia
- Accent modification
- Communication difficulties secondary to mental health/dementia or effects of medication

Exclusions for swallowing:

Referrals where eating/drinking difficulties ONLY relate to:

- Medication management
- Cognitive feeding behaviours, e.g. mouth-holding, food refusal, spitting out bits
- Self-selecting softer options
- Reduced appetite or weight loss in absence of dysphagia (refer to dietitians)
- Vomiting or regurgitation (refer to gastroenterology)
- Eating disorders (refer to specialist psychology input)
- Active head and neck cancer (refer to local acute service via consultant)
- Tracheostomy