

**Adult Speech and Language Therapy Community Referral Form**

Only fully completed referrals will be accepted.

<p><b><u>Client Details</u></b></p> <p>Name:</p> <p>Date of Birth:</p> <p>Address:</p> <p>Telephone No:</p> <p>What is the best way to contact the client?</p>	<p><b><u>Client Details</u></b></p> <p>Preferred Language:</p> <p>Needs interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>NHS No:</p> <p>Gender:</p> <p>Religion:</p> <p>Ethnicity:</p>
<p><b><u>Next of Kin</u></b></p> <p>Name:</p> <p>Relationship to client:</p> <p>Telephone No:</p> <p>Consent to contact: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b><u>GP Details</u></b></p> <p>Name:</p> <p>Address:</p> <p>Tel No:</p> <p>Fax No:</p>
<p><b>Past Medical History:</b></p> <p><b>Reason for Referral:</b></p> <p>Does the client consent to the referral? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b><u>Staff Safety</u></b></p> <p>Do any of the below apply to client and/or carers?</p> <p>Environment presents hazards          Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p>Risk of aggression/violence          Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p>Other (Please specify):</p>	
<p><b><u>Referrer's Details</u></b></p> <p>Name: <span style="float: right;">Position:</span></p> <p>Address:</p> <p>Tel No: <span style="float: right;">Fax No:</span></p> <p>Signature: <span style="float: right;">Date:</span></p> <p>Locality Team (please circle):    North West                          North East                          Central                          South</p>	

Please provide copies of any relevant medical information e.g. reports and scan results

Please return form to:

[sltadults.newhamcommunity@nhs.net](mailto:sltadults.newhamcommunity@nhs.net)

**\*Referrals will only be accepted via this email address\***