

Paediatric Speech and Language Therapy referral form: Dysphagia

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| --- | --- | --- | --- |
| Forename: |  | Surname: |  |
| DOB: |  | Telephone number: |  |
| Mobile number: |  |
| Address: |  |
| NHS number: |  | GP: |  |
| School/nursery: |  |
| Name of parent/carer: |  |

|  |  |  |
| --- | --- | --- |
| Has the child previously been known to Speech and Language Therapy? | **Yes** [ ]  | **No** [ ]  |

**Consent** (see Appendix for text/email consent information)

|  |  |  |
| --- | --- | --- |
| Has the parent/carer given consent for the referral to Speech & Language Therapy (SaLT)? | **Yes** [ ]  | **No** [ ]  |
| Has the parent/carer given consent to be contacted by email?**Email:**  | **Yes** [ ]  | **No** [ ]  |
| Has the parent/carer given consent to be contacted by text message? | **Yes** [ ]  | **No** [ ]  |
| Does the parent/carer give consent for their child to be seen by a member of the SaLT team in their educational setting or in a clinic?*The team may include therapists, assistants and students* | **Yes** [ ]  | **No** [ ]  |
| Does the parent/carer give consent for their child to be discussed with other relevant professionals when appropriate? | **Yes** [ ]  | **No** [ ]  |
| **Signed by parent/carer:****Date:** |  |

**Referrer details**

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| Address: |  |
| Telephone number: |  |
| Email: |  |
| **Date of referral:** |  |







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| --- |
| Reason for referral (include any medical diagnosis and other professionals involved) |
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| --- | --- | --- |
| Is the child learning English as an additional language? | **Yes** [ ]  | **No** [ ]  |
| If yes, please provide information on how long the child has been exposed to an English-speaking environment: |
|  |

|  |  |  |
| --- | --- | --- |
| Does the parent/carer require an interpreter? | **Yes** [ ]  | **No** [ ]  |
| Language required: |  |
|  |  |
| Is any other support required to enable the parent/carer to attend appointments? | **Yes** [ ]  | **No** [ ]  |
| *Consider learning difficulties, reading and writing problems. Please advise if a format other than standard print is required e.g. Braille, larger print, electronic, audio.* |
|  |
| Are there any safeguarding concerns including if the child is a Child Looked After? | **Yes** [ ]  | **No** [ ]  |
| Please provide any relevant details: |
|  |

**Hull children only**

|  |  |  |
| --- | --- | --- |
| I agree to share my health information with Hull City Council Children, Young People and Families Services, including local education providers, to ensure that I am given and have access to the best possible support to meet my child’s individual needs. This will include demographic details i.e. name, address, postcode, date of birth and NHS Number. It may also include information about my child’s speech and language therapy care.  Hull City Council services may then contact you to offer support should you wish to accept it. Hull City Council will update us with any supporting information that will help to provide care to your child.  | **Yes** [ ]  | **No** [ ]  |



**Speech and Language Therapy: Eating and drinking difficulties observation checklist**

**PLEASE COMPLETE FOR ALL FEEDING REFERRALS**

Please refer any child who:

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| --- |
|[ ]  Coughs regularly on feeds and has a history of chest infections |
|[ ]  Has feeding difficulties associated with a medical diagnosis e.g. Down Syndrome or Cerebral Palsy |
|[ ]  Has feeding difficulties and presents with faltering growth |
|[ ]  Has previously been known to the SLT feeding service and is experiencing new difficulties |

**Please note we do not see children who are experiencing delayed development of their weaning skills or where biting and chewing skills are demonstrated but may only be used for certain foods.**

**Please complete the following observational checklist. Ensure you have observed the child eating and drinking and comment on the following:**

|  |  |
| --- | --- |
| 1. What does the child usually eat and drink?
 |  |
| 1. Behaviours and routines
 | Further details: |
| Does the child sit to eat at mealtimes? | Yes [ ]  | No [ ]  |
| Are mealtime routines established? | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| 1. Please describe the mealtime observations of the child's eating and drinking
 |  |
| 1. Please comment on the following
 | Further details: |
| Gagging? | Yes [ ]  | No [ ]  |
| Vomiting? | Yes [ ]  | No [ ]  |
| Choking? | Yes [ ]  | No [ ]  |
| Concerns for weight gain? | Yes [ ]  | No [ ]  |



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| --- | --- | --- | --- | --- | --- |
| Completed by: |  | Place of work: |  | Contact number: |  |



**Appendix: Consent form for communicating with individual patients via text/email**

When you are receiving a service from us, we want to keep in contact with you. We will do this in the way that is easiest or most convenient for you. We understand that people use email and mobile phone texts and we also understand that you may want to let someone else receive or send messages for you. This could be someone who is looking after you or someone who you have chosen to help you.

If you tell us that you would like to use email or mobile phone texts in this way, we need to agree about how we do it and this is explained below:

1. We will use email or text because you have told us this is how you want to keep in contact with us.
2. When sending messages outside of the NHS, there might be a risk of someone seeing the message who shouldn’t. To make it safer you should:
* Try not to use a public or work computer.
* Let us know right away if you change your email address or mobile phone number.
* Do your best to keep the messages safe and confidential, for example do not leave your computer switched on when you are not there and don’t tell somebody else your password.
* Have a PIN code on your mobile phone and keep it secret.
1. Depending on the service you are receiving, it may be possible for you to send emails or texts to a Trust email address or mobile phone number. In such cases, you should:
* Only send messages containing non-sensitive and non-urgent issues.
* Include your full name in the main part of an email so that we can correctly identify you.
* Keep personal data sent in text messages to a minimum (your key worker will hold your contact details in an encrypted or pin coded mobile phone).
1. Your emails, text/voice messages to Trust mobile phones will be treated as non-urgent. We cannot say exactly when they will be actioned. If you need to contact us urgently you should telephone us on 01482 692929.
2. We will have to end this agreement if we find out that our systems are at risk from things such as computer viruses that are being sent.
3. When you send us a message, we will make a record of it in your notes.

*I accept the above conditions and agree for email/mobile phone texts (delete whichever does not apply) to be used to communicate with me and the Trust.*

**Email address to be used:**

[ ]  I would like emails to be sent securely using the NHS encryption service. I understand I will need to

 register for this service electronically (tick if applicable)

**Mobile phone number to be used:**

**If applicable:**

**Name of carer or advocate who I nominate for messages:**

If you give consent but would like to restrict the information that is shared using email/mobile phone texts (e.g. information about appointments only) please provide details below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signed: |  | Date: |  |