

Paediatric Speech and Language Therapy Review on Request form

**ATTACH THE COMPLETED TREATMENT PLAN TO THIS FORM**

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

**Reason for Review on Request**

|  |  |
| --- | --- |
|  | Targets have been achieved |
|  | Targets have not been achieved |
|  | There has been a change in needs e.g. change in staff member  If yes, please provide further information: |

**Referrer details**

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





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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** |