

**London North West Healthcare NHS Trust****Paediatric Speech & Language Therapy Service referral form**

Forms should be completed by the education practitioner All information will be treated in strict confidence. Please ensure forms are completed and signed. Forms with no signature will be returned.

Surname:	DOB:
First name:	Male/ female (please circle)
Address:	
Post code:	Temporary accommodation? Yes no (please circle)
Telephone numbers: Home:                      Work:                      Mobile:	
Languages used at home:	Interpreter required for parents: yes/ no (please circle)  When did the child first start to learn English?
Name & Address of GP:   NB: referrals without a GP cannot be accepted	HV:  Clinic:
NHS Number:	

Name of Play group/ nursery/ school currently attended:

Days attended (please specify if am/pm):

Date of school entry and proposed school:

<b>Family circumstances</b>
Names of parents/ carers:
Family set up/ other relevant info: parents and sibling information

Toileting:
Motor skills:
What does the child like to play with? <b>How</b> does s/he play?

<b>Speech &amp; Language development</b>	
At what age did the child first	Babble:
	Use real words:
Can the child: Follow verbal instructions? Link words (e.g. "daddy gone")? Use a range of words appropriate to age?	
Does the family understand what s/he says?	
Do others understand him/ her?	
Does s/he have a stammer?	
What sounds does s/he find hard to say?	
How does the child communicate with adults/ peers? Describe	
Does s/he show frustration with communication? Describe	
Please record an example of the child's language (e.g.: gestures, words, phrases, sounds etc).	
Explain support put in place at setting:	

Please describe the parents' / referrers concerns:
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Referred by (please print name):

Designation (job title and address):

***I agree to this referral and will bring my child to any appointments offered.***

***Parent's signature:***

***Date:***

Referrals without parent's/ carer's consent cannot be accepted

**Please send this to:**  
**Lead Principal SLT: preschool**  
**Chaucer Unit Level 3**  
**Northwick Park Hospital**  
**Watford Road**  
**Harrow**  
**HA1 3UJ**