**Children’s Speech and Language Therapy:**

**Communication Station - Pre-Bookable Slots**

Thank you for referring your child to our Communication Station service. We are now offering a limited range of pre-bookable slots which means once you have completed the referral form below, your child will be put on a waiting list. Please note appointment wait times can be **up to 18 weeks**.

We will still be offering drop-in sessions for our communication stations and all available dates can be found on our website www.providechildrenandfamilyservices.co.uk. You are still able to attend these whilst on the waiting list and will be removed if you attend a drop-in.

Please ensure the referral form is completed to the best of your knowledge and include the correct contact details to receive your invitation to book an appointment.

If you have any questions, please contact the Care Co-Ordination Centre **on 0300 303 2617 (Option 5, Option 2)** or provide.ccc@nhs.net. Our opening hours are 8am-6pm Monday to Friday.

**Children’s Speech and Language Therapy: Communication Station Form**

**Telephone:** 0300 303 2617 (Option 5, Option 2) **or** provide.ccc@nhs.net

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| --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | |
| Forename: | | | | Surname: | | |
| Address and Postcode: | | | | | | |
| Date of Birth: | | | | Gender: | | |
| Home Telephone: | | | | Mobile Telephone: | | |
|  | | | |  | | |
| Email Address: | | | | | | |
| Ethnicity: | | | | | | |
| **Disabilities (please indicate relevance to this referral)** | | | | | | |
|  | Learning disability |  | Physical impairment | |  | Sensory impairment |
|  | Mental Health condition |  | Longstanding illness | |  | Other |
| Additional Information: | | | | | | |

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| **Medical History** | | |
| Eczema | | Asthma |
| Ear Infections | | Tonsillitis |
| Hospitalisations / Major Illnesses: | | Other Medical Conditions: |
| **GP Details** | | |
| Registered GP: | Telephone: | |
| GP Practice Address: | | |

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| **Family Information** | | | |
| Names of Parents / Carers: | | Names of other adults living at the child’s address: | |
| Names and DOB of siblings: | | Languages spoken at home: | |
| Significant Birth History: | | | |
| **Family History of:** | | **Please state family member** | |
| Late Talking | |  | |
| Unclear Speech | |  | |
| Stammering | |  | |
| Slow Learning / Difficulties in School | |  | |
| **Developmental Milestones** | Age Appropriate? | | Delayed? |
| Dummy/Bottle |  | |  |
| Evidence of symbolic play |  | |  |

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| --- | --- | --- | --- |
| **Referral Information** | | | |
| **Description of Speech & Language – Please ✓** | | | |
| Poor Attention / Listening | | Difficulty Following Instructions | |
| Difficulty Linking Words | | Limited Vocabulary | |
| Unclear Speech Sounds | | No Useful Speech | |
| Stammer | | Unintelligible to Family / Outside Family | |
| **Speech & Language Development – Please indicate age of:** | | | |
| Babble | First Real Words | | Simple Phrases |
| **Feeding History– Please ✓** | | | |
| History of chest infections | |  | |
| Coughing on liquids | |  | |
| Coughing on solids | |  | |
| Age-appropriate feeding? | |  | |
| Difficulty swallowing/ chewing | |  | |

|  |  |
| --- | --- |
| **School Information** | |
| Pre-school/Nursery Name and Address: | Name of Leader/Teacher: |
| Name of SENCO: | Telephone No: |

|  |  |
| --- | --- |
| **Referrer** | |
| Name: | Parent/Carer: |
| Telephone: | Email: |
| **Consent** | |
| Please sign if you consent to the child being seen by Provide’s Children’s Speech and Language Therapy service: |  |

**Please send all completed referral forms to provide.ccc@nhs.net**