**Adult Speech & Language Therapy Referral Form**

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| **Please go to the Remedy website using** [Speech & Language (Remedy BNSSG ICB)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fremedy.bnssg.icb.nhs.uk%2Fadults%2Fspeech-language%2F&data=05%7C01%7Cjane.mcinally1%40nhs.net%7C616d4391bcf7450e8e8108db9d9c6e7f%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638277067406080846%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=qZ5AxS6D1hwg%2Bu9BCo7Vrxl4jH2EVHoCllvjCfJbz9g%3D&reserved=0) **to determine which service the referral should be sent to.** | |
| **LOCATION:**  South Glos.  Bristol NBT Catchment  Bristol UHBW Catchment  North Somerset | **Multidisciplinary needs:**  Yes  No |
| **Home visit**   **Outpatient** |

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| **Patient Name:** | **Address:**  **Postcode:**  **Telephone number:**  **Email:** |
| **Preferred pronouns:** |
| **Date of birth:** |
| **NHS Number:** |
| **Next of kin:** | GP and Surgery:  Telephone number: |

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| **Reason for referral:** | | | |
| **Swallow**  🞏 | NBM or risk of NBM  Swallowing with difficulty  Choking with solids  Coughing with solids  Coughing with fluids  Repeated chest infections  Weight loss  If choking, please detail intervention required (e.g. back slaps, abdominal thrusts, hospital admission): | | |
| Current dietary status | Oral  NGT  PEG/RIG  Subcut/IV | | |
| **Communication** | Difficulties understanding  Difficulties speaking | | |
| **Outcome sought by referrer (include patient goals if known**):  ***This section requires completion*** | | | |
| **Relevant medical history and medication:** (on separate sheet if more space needed. GP history can be attached): | | | |
| **STOP CHECK**  Has the patient consented or is referral in best interests? **Yes**  **No**  Are there any known risks with lone/ home visits? **Yes  No**  **Details**:  Hospital Transport **Yes No**  Needs interpreter **Yes No** | | | |
| Referrer name (print): | | Role: | Date of referral: |
| Referrer address:  Phone number: Email: | | | |