

UCL Communication Clinic

**Referral Form**

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| Client |
| Name:  |  |
| DOB: |  |
| Address: |  |
| Tel. No: |  |
| Preferred method of contact (phone/email/letter etc.):  |
| Next of kin / key contact: |  |
| (their contact details): |  |
| GP details: |  |

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| Referrer |
| Name: |  |
| Address & Tel No.: |  |
| Date of referral: |  |

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| Summary of client’s communication difficulties: |
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Please attach *a recent SLT report*, and give information on:

* Medical history, CT scan results etc., medication and any ongoing medical issues
* Social history
* Previous speech and language therapy, including dates
* SLT assessment results
* Details of intervention and outcomes

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| Is this referral (please tick): |
| for a period of speech and language therapy intervention | □ |
| to join the acquired communication difficulties research project register | □ |
| both | □ |

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| Reasons for referral. What intervention do you feel would be appropriate for this client? |
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| Please add any further relevant information here: |
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