

UCL Communication Clinic

**Referral Form**

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| Your details |
| Name: |  |
| Date of birth: |  |
| Address: |  |
| Tel. No: |  |
| Email address: |  |
| How should we contact you? |  |
| GP details: |  |
| Date of referral: |  |

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| --- |
| Family / friend / carer details (optional) |
| Name: |  |
| Address: |  |
| Tel. No: |  |
| Email address: |  |

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| What are your communication difficulties? |
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| How do you think the UCL Communication Clinic can help you? |
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| Can you (please tick): |
| travel to UCL (please note, we are not able to provide transport) | □ |
| take part in remote (online) sessions | □ |
| both | □ |

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| Please add any further information here: |
|  |

Please attach a recent speech and language therapy report if you have one.

**Return this form to:**

UCL Communication Clinic, Chandler House, 2 Wakefield Street, London, WC1N 1PF

communicationclinic@ucl.ac.uk Tel: 020 7679 4239