

Referral Form

Nuffield Paediatric Speech Disorders Clinic

Introduction

- The Nuffield Paediatric Speech Disorders clinic provides specialist assessment of speech for children with severe or persisting speech sound disorders, which are not felt to be due to another condition.
- We do not provide assessment of language disorder or ASD/autism.
- This form should be completed by a qualified speech and language therapist.
- Referrals must include all relevant documentation, as detailed in this form. This includes specific details of the child's speech and language skills, as well as relevant medical and educational information. Reports should be attached where appropriate.
- A supporting letter and a medical summary from the child's GP must also be included.
- Referrals received without the necessary information will be returned to the referrer.

Referral Criteria

Children must:

- Be between 3 and 18 years of age.
- Be able to participate in formal assessment, involving naming pictures and imitating sounds.
- Have had at least one block of therapy targeting their speech.
- Have verbal comprehension skills at a 3 year level on formal assessment, or a three information carrying word level.
- Have at least 30 spoken words, used regularly and spontaneously.
- Have had an audiogram in the last 3 months.
- Have had some assessment of their learning skills e.g. developmental assessment, educational psychology assessment or information/ report from school/nursery staff. The results of this assessment must be discussed with parents/carers prior to referral.

Child

Name:

DOB:

Address:

Parent / carer:

Telephone:

Email:

Has the parent / carer given consent for us to make contact in this way? Yes No

Referring SLT

Organisation:

Name:

Address:

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Telephone:

Email:

Other SLT involved with child

Organisation:

Name:

Address:

.....

Telephone:

Email:

GP

Name:

Address:

.....

Telephone:

School

Name:

Type of provision / school (please select)

Mainstream, speech / language resource, special school,
other:

Senco:

Address:

.....

Telephone:

Email:

Children must be at least 3 years old when referred.

Please check that the parent/ carer is happy for us to contact them by email.

We will contact local SLTs by email following the clinic. Please make sure we have appropriate email addresses.

If there is another SLT involved with the child, please give details here.

Where possible we need details of the local NHS SLT.

We require a letter from the child's GP supporting the referral, in order to secure funding.

Reason for referral

Please select

- Diagnosis Therapy advice Therapy
Ongoing liaison with local therapy service

Additional comments:

Information Required

Medical finding

Relevant diagnoses:

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Hearing status

- Does s/he have a hearing loss? Yes No
- Does s/he have a history of hearing loss? Yes No

Education Information

- Does the child have learning difficulties? Yes No
- Does s/he have an education health and care plan (EHCP)? Yes No
- Does s/he have additional support in school? Yes No

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Motor skills

- Does s/he have gross motor difficulties? Yes No
- Does s/he have fine motor difficulties? Yes No

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Please attach GP print off summary plus relevant medical reports eg. from Paediatrician or Neurologist.

Please ensure that families understand that we will not be able to diagnose developmental verbal dyspraxia (DVD) in all cases, e.g. in children with very limited verbal language or with complex needs. However, we are happy to provide advice on management. Limited therapy may be offered at this centre to explore therapy targets and support local provision.

Please attach a recent audiogram (last 3 months).

Please attach any current education, health and care plans (EHCP), and individual education plan (IEP) and other relevant reports

Where learning difficulties are suspected, these should be investigated before referring to the speech clinic.

Please attach Occupational and/or Physiotherapy reports if appropriate.

Communication Skills

Does s/he have a diagnosis of autism spectrum disorder?

Yes No

What is his/her preferred means of communication?

Please select: Speech Sign Other:

.....

Ability to participate in Assessment & Therapy

Is s/he able to participate in formal assessment? Yes No

.....

.....

Where there are concerns about social communication, these should be investigated before referring to the speech clinic.

Children need to be able to participate in adult directed naming and imitation activities for at least 30 minutes.

If you are concerned that the child may not speak in clinic, due to shyness, please contact us by emailing us on

uclh.nuffieldpaediatricspeechclinic@nhs.net

Cognitive Development

Please select

Severe difficulties <input type="checkbox"/>	Moderate difficulties <input type="checkbox"/>	Mild difficulties <input type="checkbox"/>	Specific difficulties <input type="checkbox"/>	Age appropriate <input type="checkbox"/>
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Details:

Reports attached: (please list)

Verbal Comprehension

Please select

Severe difficulties <input type="checkbox"/>	Moderate difficulties <input type="checkbox"/>	Mild difficulties <input type="checkbox"/>	Age appropriate <input type="checkbox"/>
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Number of information carrying words: (please circle) 1 2 3 4 more

Vocabulary

Details / recent formal assessment scores (no more than 3 months old)

Reports attached: (please list)

Expressive Language

Please select the options that best describe the child's current skills:					
Severe difficulties <input type="checkbox"/>	Moderate difficulties <input type="checkbox"/>	Mild difficulties <input type="checkbox"/>	Age appropriate <input type="checkbox"/>		
Please indicate which mode(s) of communication the child uses and rank eg '1' for primary mode					
Speech <input type="checkbox"/>	Pointing, body language <input type="checkbox"/>	Own signs / Gesture <input type="checkbox"/>	Signing <input type="checkbox"/>	Picture book/board <input type="checkbox"/>	Voice output aid <input type="checkbox"/>
Vocabulary size (words used regularly and spontaneously)					
0-10	10-20	30-50	100+	200+	Age appropriate
Typical number of words spoken in a sentence:					
Single word <input type="checkbox"/>	Series of single words <input type="checkbox"/>	2 words <input type="checkbox"/>	2-4 words <input type="checkbox"/>	5+ words <input type="checkbox"/>	
Typical number of elements (spoken words / signs / gesture) in a sentence:					
Single element <input type="checkbox"/>	Series of single elements <input type="checkbox"/>	2 elements <input type="checkbox"/>	2-4 elements <input type="checkbox"/>	5+ elements <input type="checkbox"/>	
Sentence structure: Does s/he use:					
Appropriate word order <input type="checkbox"/>	Auxiliaries <input type="checkbox"/>	Pronouns <input type="checkbox"/>	Connectives <input type="checkbox"/>	Word endings <input type="checkbox"/>	
Details / recent formal assessment scores: (no more than 3 months old)					
Examples of typical utterances					
Reports attached (please list)					

Speech

Therapy

How many sessions of direct therapy on speech to date?

Over what period?

Frequency of direct therapy?

Frequency of practice?

Who is practising with the child?

Current speech targets

Progress

Sounds in isolation

Sounds in words / patterns and processes

Intelligibility in conversational speech

Details / formal assessment findings / scores

Reports attached (please list)

Signed:

Date: DD / MM / YYYY

Speech & Language Therapist:

Please check that all of the following are included or attached to this form:

- Case history form
- GP letter supporting referral
- GP print off summary
- Medical reports, if appropriate
- Paediatric report, if appropriate
- Educational Psychology report, if appropriate
- SLT report(s)
- Contact details for SLT (including email)
- Contact details for SLT manager (including email)

Please post the referral pack to:

**Ms Shula Burrows
Consultant Speech and Language Therapist
Nuffield Paediatric Speech Disorders Team
Royal National ENT Hospital Admin Base
Ground Floor North
250 Euston Road
London, NW1 2PG**

Please note that, for accepted referrals, appointments will be held at: Nuffield Paediatric Speech Disorders Clinic, Royal National ENT and Eastman Dental Hospital, 47-49 Huntley Street, London, WC1E 6DG

Or email (via secure email only i.e. nhs.net to nhs.net) to:

uclh.nuffieldpaediatricsspeechclinic@nhs.net

Contact Details

We will notify the referring SLT and parent/carer:

- When the referral is accepted/rejected
- To make an appointment (parent only)

If you need to get in touch with us, please email:

uclh.nuffieldpaediatricsspeechclinic@nhs.net

Where all the relevant information is not included, the referral will be returned to you.

Please check the appointment date with the family if you are intending to come to the clinic. Be aware that appointments are sometimes changed.

We will contact the referring SLT after the appointment to give feedback, by email.

We regret that we are unable to discuss referrals. We hope that the information in this form and the referral guidelines will answer any queries.