Referral form for Communication Support

*There are 4 pages to this form and 12 questions.*

*Please complete as much as you can, but do not worry if some information is missing.*

1. **Personal details**

|  |  |
| --- | --- |
| Client name |  |
| Client location / address |  |
| Client phone and email |  |
| Date of birth |  |

1. **Emergency details**

|  |  |
| --- | --- |
| GP surgery |  |
| Next of Kin name |  |
| Next of kin contact details |  |

1. **Medical background**

|  |  |
| --- | --- |
| Current diagnoses |  |
| Current consultant / treating hospital or service |  |
| Current medication |  |
| Any other health concerns? |  |

1. **Please circle if you have any of the following and have not already told us about them:**

Stroke

Head injury

Heart problems

Lung conditions

Hearing problems

Diabetes

Vision problems

Dental problems / false teeth

Difficulty swallowing food and / fluids

1. **Do you smoke cigarettes?**
2. **Do you drink alcohol?**

If yes, state average daily units or type of drink consumed

1. **Do you use illegal drugs?**

If yes, what type and please tell us if you smoke or inject.

1. **Communication**

|  |  |
| --- | --- |
| Please describe communication issues. |  |
| What is your first language?  Which language do you prefer to communite in now? |  |
| Do you know the cause of these issues? |  |
| Did anyone in your family have similar issues? |  |
| When did the issues start? |  |
| Tell me about your reading and writing. |  |
| Who do you communicate well with? |  |
| When is communication more difficult? |  |
| Have you seen anyone about these issues before? |  |
| What would you like to be different? |  |

1. **Life history**

|  |  |
| --- | --- |
| Did you have any accidents or illness as a child?  Did you feel safe at home? |  |
| What was school like? |  |
| What paid work have you done? |  |
| What things to do enjoy doing? |  |

1. **Other organisations that provide support?**

Provide name, job title and contact details.

1. **Details of person completing this form:**

Provide name, job title and contact details.

1. **Is this client aware that you have made this referral?**

If you have any queries relating to this referral please call Leigh on 020 7832 5849 or 07957 164 619.