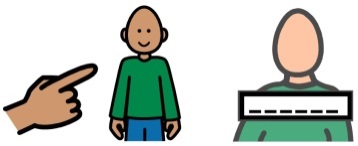
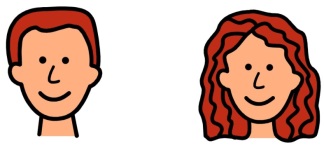
** **

**Referral Form for Speech Pathology**

**Uniting Care - Allied Health Unit (Specialist Disability)**

**Your Details**

Your name? Male or Female? Date of birth?

|  |  |  |
| --- | --- | --- |
|  |  |  |



Disability?

** **

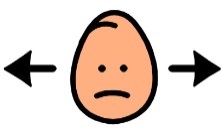
Home address? Phone number?

|  |  |  |
| --- | --- | --- |
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|  |

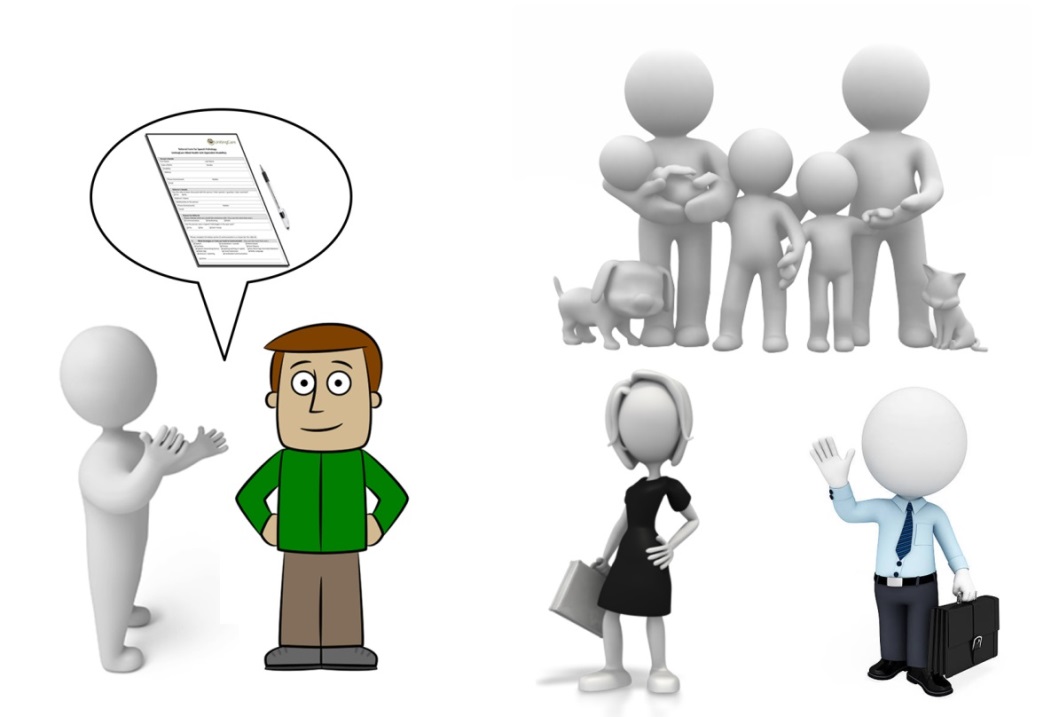
00

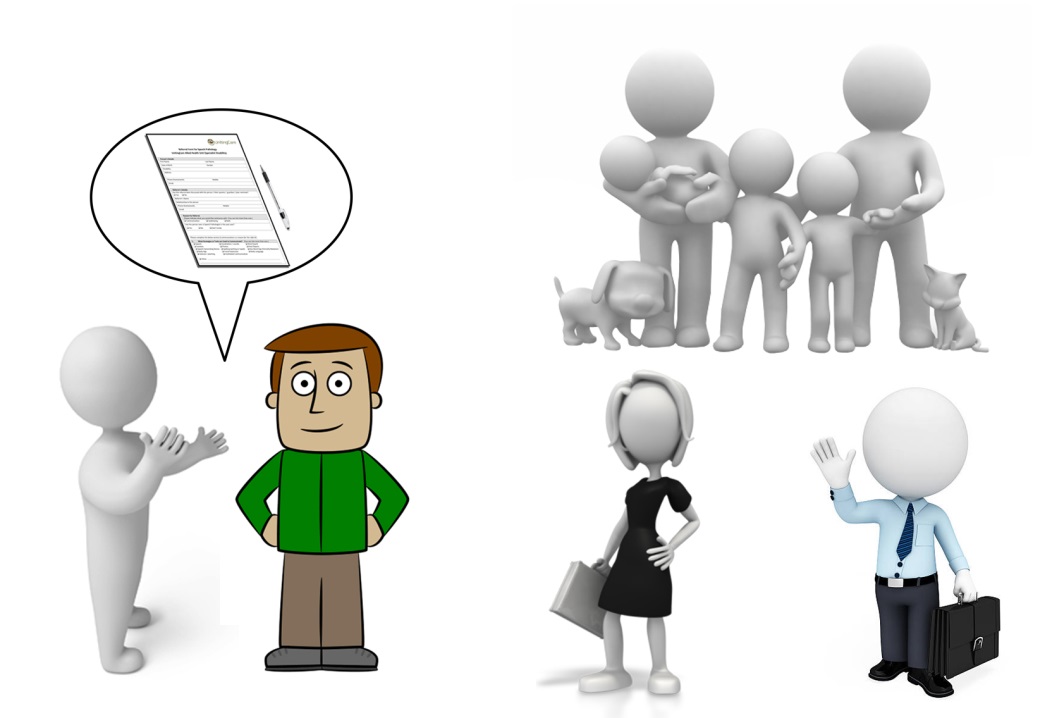


Email address?



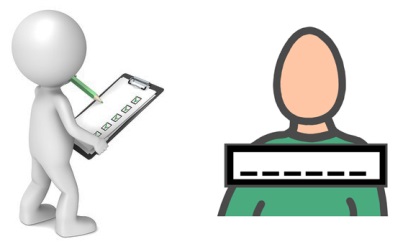
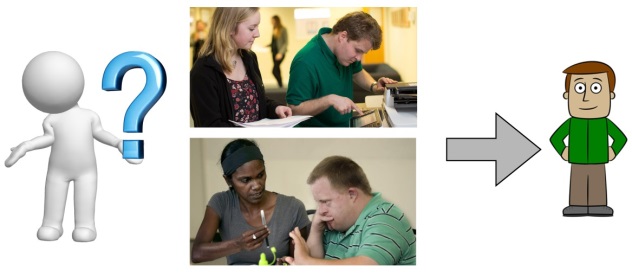
yes

Has this referral been explained to you?

****

**  **

**Referrer’s Details**

 ****

Referrer’s name? Their relationship to you?

|  |  |  |
| --- | --- | --- |
|  |  |  |

Referrer’s phone number? Email?

|  |  |  |
| --- | --- | --- |
|  |  |  |



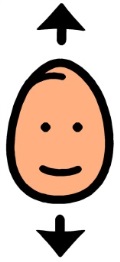
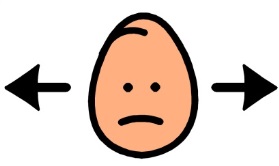
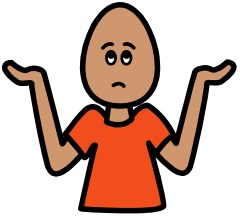
**Reason for the Referral**

**   **

**+**

CommunicationSwallowingBoth

****Have you seen a Speech Pathologist in the past year?

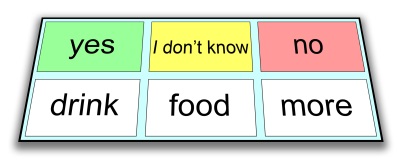
yes

no

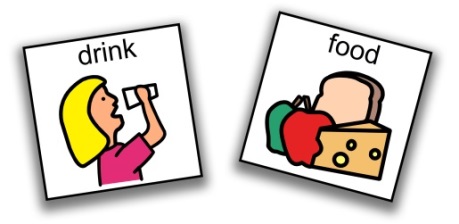
I don’t know

****

**How do you communicate?**

**  **

SpeechVocalisations / soundsWord board

**  **

SymbolsPhotos Real objects

**  **

Speech Generating Device Spelling (writing or typed)

** **

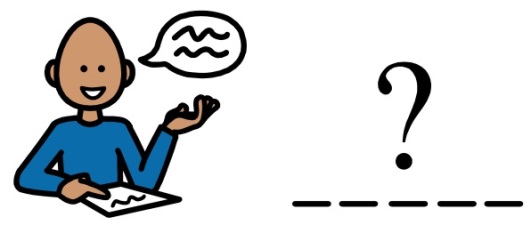
Key Word Sign (formerly Makaton)Body Sign

** **

Facial expressionBody language

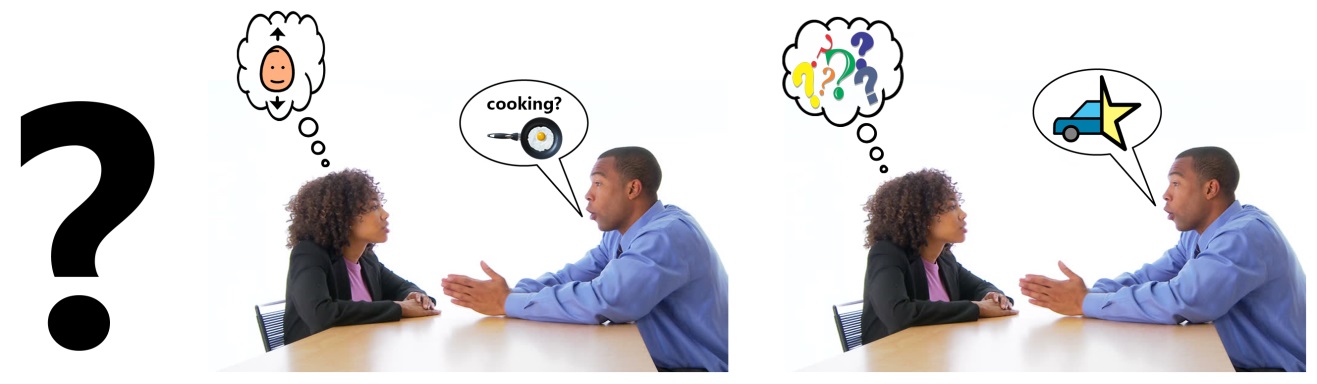
** **

Gesture / pointingFacilitated Communication

** **

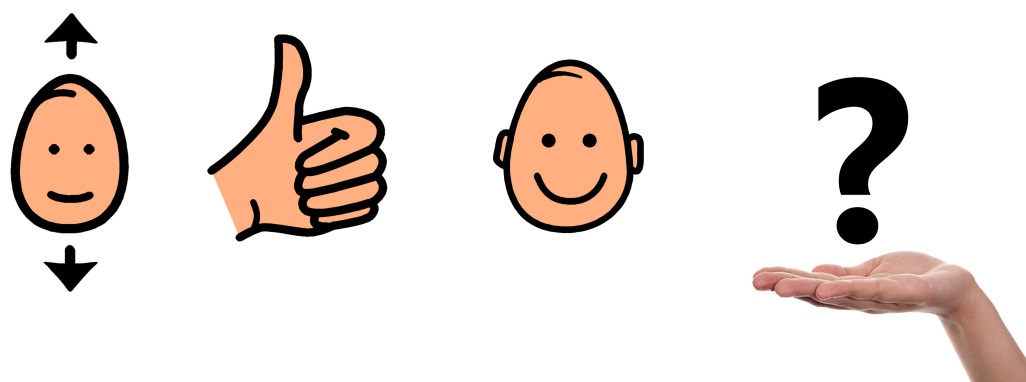
Other

|  |
| --- |
|  |

****

What happens if there is a communication breakdown?

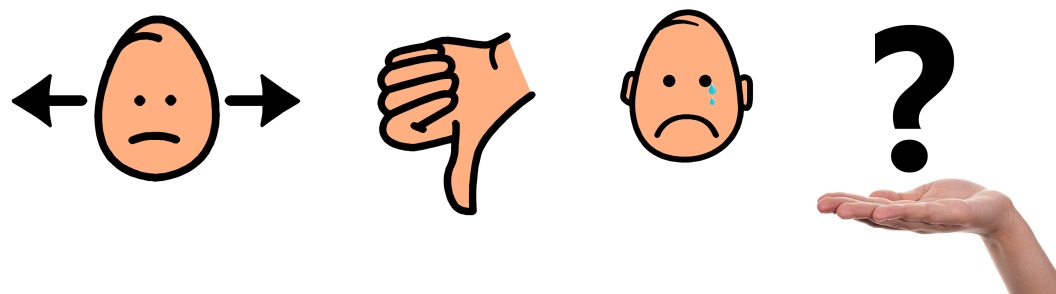
How do you express “yes” or positive feelings?

****

happy

yes

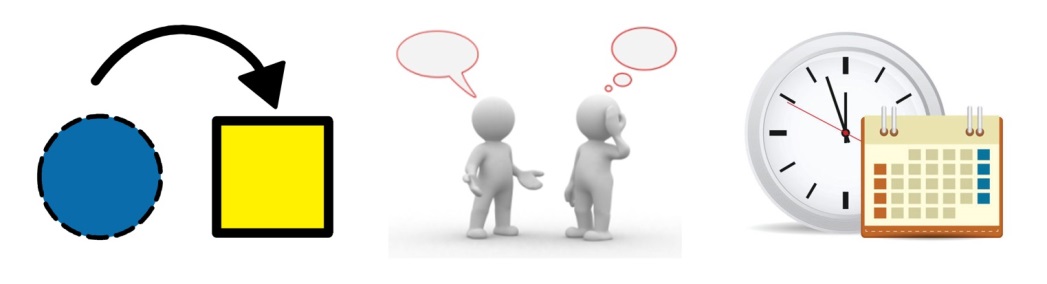
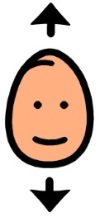
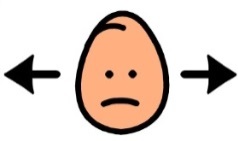
How do you express “no” or negative feelings?

****

sad

no

Are there any obvious changes in communication skills recently?

no

yes

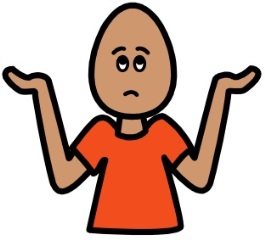
Why?

****

|  |
| --- |
|  |

**  **

Trauma Ill healthAgeing

** **

Medication Unknown

****

Other:

|  |
| --- |
|  |

**Summary of communication with others**

****

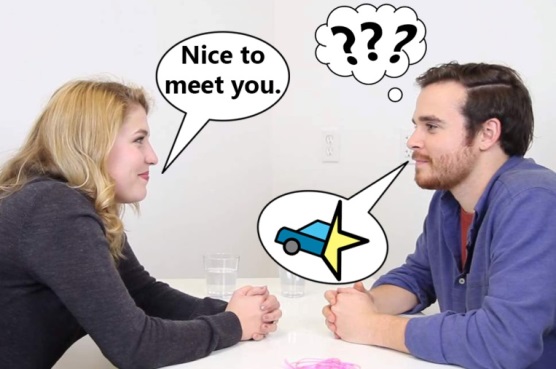
****Are you understood by people in the community?

** **

****  
Are you understood by familiar people?

** **

Do you have communication breakdowns with new people?

****

** **

Does communication work well with only one or two people?

****   
 ** **

Do you have very few communication strategies?

**  
  **

**Post**

**Email**

** **

*UnitingCare Allied Health Unit*

*PO Box 468*

*Annerley QLD 4103*

[*AlliedHealthUnit@uccommunity.org.au*](mailto:AlliedHealthUnit@uccommunity.org.au)

**Authorisation and Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Review and Version Control** | | | | | |
| **Version** | **Authorised By** | **Initial Approval** | **This Review Date** | **Change History** | **Next Review** |
| 1 | General Manager  Disability Services | April 2019 | 16/4/2019 | New Document | 16/4//2021 |

Signed Copy held with Continuous Improvement Disability