**Referral Form for Speech Pathology**

**UnitingCare Allied Health Unit (Specialist Disability)**

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| --- | --- |
| **Person’s Details** |  |
| First Name | Last Name |
| Date of Birth | Gender |
| Disability |  |
| Address | |
| Phone (home/work) | Mobile |
| Email | |

|  |  |
| --- | --- |
| **Referrer’s Details** | |
| Has this referral been discussed with the person / their parents / guardian / plan nominee? Yes No | |
| Referrer’s Name | |
| Relationship to the person | |
| Phone (home/work) | Mobile |
| Email | |

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| --- |
| **Reason for Referral** Please indicate what you would like assistance with. (You can tick more than one.) |
| Communication  Swallowing  Both |
| Has the person seen a Speech Pathologist in the past year?  Yes  No  Don’t know |

*Please complete the below section if communication is a reason for the referral*

|  |  |  |
| --- | --- | --- |
| 1. **What Strategies or Tools are Used to Communicate?** (You can tick more than one.) | | |
| Speech  Symbols  Speech Generating Device  Body Sign  Gesture / pointing | Vocalisation / sounds  Photos  Spelling (writing or typed)  Facial Expression  Facilitated Communication | Word board  Real Objects  Key Word Sign (formally Makaton)  Body Language |
|  | | |
| Other: | | |

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| --- |
| 1. **What happens if there is a communication breakdown?** |
|  |

1. **How is “yes” or positive feelings expressed?**

1. **How is “no” or negative feelings expressed?**

1. **Are there any obvious changes in communication skills recently?**  Yes  No

Possible reasons:

Trauma  Ill health  Ageing  Medication  Unknown

Other:

1. **Summary of communication with others**

Can be understood by most people in the community

Can be understood by familiar people but some communication breakdowns in the community or with new people

Communication works well with one or two people but breakdown occurs with others. Always requires support to communicate in the community

Has very few communication strategies

**Please return this form via**

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

*or*

*Post: UnitingCare Allied Health Unit (Specialist Disability)*

*PO Box 468*

*Annerley QLD 4103*

**Authorisation and Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Review and Version Control** | | | | | |
| **Version** | **Authorised By** | **Initial Approval Date** | **This Review Date** | **Change History and Superseded Documents** | **Next Review Date** |
| 1 | Manager DLU | 1/2/19 | 1/2/19 | New document | 1/2/2021 |

Signed Copy held with Specialist Disability Policy and Improvement Coordinator.