**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       |

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| **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*

*or*

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

 *PO Box 468*

 *Annerley QLD 4103*

**Authorisation and Contacts**

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| --- |
| **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.