Speech & Language Service
Physical Health Administration Hub
New Mill
Victoria Road
Saltaire, BD18 3LD
Tel: 01274 221166
Email referrals to Fax-HPK.Admin-Hub@bdct.nhs.uk
Subject "SALT Referral"

Bradford District Care
NHS Foundation Trust

Speech and Language Therapy - adults - Bradford District Care NHS

SPEECH AND LANGUAGE THERAPY ADULT COMMUNITY REFERRAL FORM: SWALLOWING & COMMUNICATION

NB: Incomplete forms will be returned

Please check first before completing our form- in case you need to refer to a different SLT service below:	
Adults with communication/swallowing difficulties who have a diagnosis of a Learning Disability: Concerns are primarily in relation to their Learning Disability.	**Adult Learning Disability Team** Contact: Waddiloves Health Centre 01274 497 121.
Adults with communication/swallowing difficulties admitted to the Inpatient Mental health wards; Lynfield Mount Hospital and Airedale Centre for Mental Health.	**Inpatient Mental Health Team** Contact: Speech and Language Admin Hub: 01274 221166 E-referral on SystmOne
Adults with a stammer, if it is impacting on well-being: including referrals for people with adult onset stammering that has been caused by recent onset neurological changes such as Functional Neurological Disorder, Stroke, Traumatic Brain Injury, and Parkinsons Disease	**Stammering Specialist Therapist** Contact: Speech and Language Admin Hub: 01274 221166 E-referral on SystmOne
Adults with Voice Issues	**Voice Specialist Therapist** • Patients with a Voice Issue are required to have had a laryngeal examination within the last 12 months. Please refer via GP to local ENT service if needed. • If a laryngeal examination has taken place, please use the Voice Therapy Referral Form or refer via E-referral on SystmOne.

The following problems are NOT suitable for referral to our service:	
Communication problem	**Services that may be able to help**
Adults with communication difficulties secondary to Autism who do not have a learning disability	Contact local Autism services http://www.specialistautismservices.org/our-services/ or the National Autistic Society https://www.autism.org.uk/
Adults who have had dyslexia since childhood	Contact local adult dyslexia services or charities such as www.dyslexiaaction.org.uk/
Adults with speech difficulties resulting from hearing loss	Refer to Sensory Needs Team, Morley Street. 01274 435001
Adults requiring input for confidence building, social skills, or public speaking	Referrals for confidence building may be accepted in the mental heath service
Adults with childhood speech difficulties (e.g. lisps) who were discharged as children as optimum was reached.	No current NHS provision
Swallowing Problem	**Action required**
Person not following SLT advice and a) Has capacity to make this decision or b) GP/Medical team has agreed this is in their best interests	Further SLT input is not indicated. Person's wishes/best interest must be respected
Person already on safest possible consistencies of food and drink	Further SLT input not indicated. GP/Medical team may consider enteral feeding
Person has food/drink with acknowledged risk of aspiration (Eating and Drinking at Risk (EDAR) /pragmatic feeding)	Further SLT input not indicated at this stage Please re-refer if the EDAR decision changes • Individualised cases considered if full assessment and discussion not completed in acute setting, please provide full details below.
Difficulty swallowing tablets only	GP/Pharmacist review
Low appetite or food/drink refusal with no concerns of swallowing difficulty	GP/Dietician review
Food pipe related swallowing problems only (oesophageal dysmotility, achalasia)	GP/Gastroenterology review
Difficulties chewing food due to condition of teeth / dentures only	GP/Dentist review
Difficulties due to dry mouth / excess saliva / oral thrush only	GP/Prescriber review

Consent - if this is not filled out correctly it will be returned to the sender
Has the person given their informed consent to this referral? Yes ☐ No ☐
Lack of capacity to consent: Does the person currently lack capacity to give informed consent? Yes ☐ No ☐ If person lacks capacity has the next of kin been informed Yes ☐ No ☐ Name of person informed:_____ Relationship: _____ Please explain why this referral is considered to be in the person's best interests:
Consent to Share Information
Can we share information with other healthcare services e.g. GP, district nurse, dietitians and contact them about the person's care? Yes, with consent ☐ Yes, best interests ☐ No ☐

Referrer and GP details	
Date of referral:	
GP name:	**GP address:**
GP Contact number:	
Referrer (if not the GP)	
Name:	**Job title:**
Base:	**Contact :**
Is the GP aware of this referral? Yes ☐ No ☐ Please note it is the referrer's responsibility to ensure the GP is aware of this referral.	

Patient information			
Surname		**Title**	
Forename(s)		**Date of birth**	
Contact number		**NHS number**	
Gender	M ☐ F ☐ Non-Binary ☐ Transgender ☐ Other ☐ Not disclosed ☐		
Preferred Pronoun	He/him ☐ She/her ☐ They/them ☐ Other ☐		
Address			
	Lives alone ☐	Lives with:	
Carer	Yes ☐ No ☐		
	Carer's name:	Carer contact number:	
Communication	First language:	Interpreter required? Yes ☐ No ☐	
Is the person Housebound?	Yes ☐ No ☐ Detail:		
Able to connect via video consultation?	Yes ☐ No ☐ Detail:		

Referral information
Primary medical diagnosis (e.g. Stroke, Parkinson's Disease) **Is this person having an active mental health episode or under Psychiatry/ Older People's Mental Health?** Yes ☐ No ☐ **Relevant brief medical history (e.g. recent hospital admissions, surgery to mouth, throat)** (Please do not attach full patient summary) **Is this person on the palliative/Fastrack pathway?** Yes ☐ No ☐
Specific Reason for referral e.g. new assessment of swallowing/communication, support with MCA Assessment
Previous SLT input
When:
Reason and Outcome:

SWALLOWING (if no swallow concerns, please complete communication section below (GREEN)

Does the person:

Feed themselves? Independently ☐ With support ☐ Fully supported ☐

Have problems with drinks? Yes ☐ No ☐
Details:_____

Have problems with food? Yes ☐ No ☐
Details:_____

What signs of aspiration have you noticed?
Coughing ☐ Wet voice ☐ Eye watering ☐ Red face ☐

How often does this happen?
Every meal/drink ☐ Daily ☐ Weekly ☐ Infrequently ☐

Has the person choked on food i.e. when the windpipe is blocked requiring back slaps or abdominal thrusts? (Different to coughing)
Yes ☐ Near miss ☐ No ☐

If yes / near miss please give details e.g. how many times, what with?

Has the person had chest infections requiring antibiotics? Yes ☐ No ☐
If yes, is aspiration a suspected cause? Yes ☐ No ☐
How often does this happen?
Recently ☐ Frequently ☐ Occasionally ☐

Weight

Has the person lost weight in last 6 months? Yes ☐ No ☐
If yes, is the weight loss Gradual significant amount ☐ Minimal ☐
Are swallowing problems the suspected cause? Yes ☐ No ☐ Not sure ☐

Other concerns

Positioning: When eating/drinking does the person struggle to sit upright? (e.g. hold their head up?) Yes ☐ No ☐
Details:

Has the person had previous SALT input? Yes ☐ No ☐ Unsure ☐

IF YES – What is the existing SLT advice?	
DRINKS	**FOOD**
☐ Normal drinks (no thickener)	☐ IDDSI Level 7 Regular diet
☐ IDDSI Level 1 Slightly thick	☐ IDDSI Level 7 Easy Chew
☐ IDDSI Level 2 Mildly thick	☐ IDDSI Level 6 Soft and bite size
☐ IDDSI Level 3 Moderately thick	☐ IDDSI Level 5 Minced and Moist
☐ IDDSI Level 4 Extremely thick	☐ IDDSI Level 4 Puree
	☐ IDDSI Level 3 Liquidised

Is the person following their plan/advice? Yes ☐ No ☐

COMMUNICATION
Does the person:

Have problems understanding what is being said to them? Yes ☐ No ☐
Details:_____

Have slurred or unclear speech? Yes ☐ No ☐
Details:_____

Jumble words up? Yes ☐ No ☐
Details:_____

Have problems choosing words or making sentences? Yes ☐ No ☐
Details:_____

Have problems reading & writing associated with their diagnosis? Yes ☐ No ☐
(i.e. not pre-existing)?
Details:_____

Does the person gesture, point or use a communication aid to be understood?
Yes ☐ No ☐
Details:_____

Can the person be understood by:
Everyone ☐ Familiar people only ☐ Nobody ☐

Does the communication problem prevent the person from going about their daily life? Yes ☐ No ☐

ANY OTHER INFORMATION:

Email referrals to Fax-HPK.Admin-Hub@bdct.nhs.uk subject "SALT Referral" or complete via an E-referral on SystmOne