

BOURNEMOUTH and POOLE COMMUNITY HEALTH SERVICES

DORSET SPEECH & LANGUAGE THERAPY SERVICE

11 Shelley Road, Boscombe
BOURNEMOUTH
BH1 4JQ
Direct Dial (01202) 443208

West Dorset General Hospital NHS Trust
The Children's Centre, Damers Road
DORCHESTER DT1 2LB
(01305) 254743

PAEDIATRIC REFERRAL REQUEST

SURNAME : FIRST NAME : Female ☐ Male ☐

NHS NUMBER: ☐☐☐☐☐☐☐☐☐☐ (Mandatory)

CARER'S/PARENT'S NAME: (If different from child)

ADDRESS: DoB:

..... GP:

..... HV:

POST CODE: NURSERY/PLAYGROUP:

TELEPHONE NO: ADDRESS:

Family's First Language..... POST CODE.....

REASON FOR REFERRAL :

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Please attach 2/3 year screening tool if applicable.....

Hearing Test Results.....

Other Agencies Involved.....

FOR PARENT/CARER SIGNATURE

I give permission for my child to be referred to the Speech and Language Therapy Service and agree to bring him/her to a local clinic for appointments.

Signed..... Date.....

Please state what you would like this referral to achieve for your child

Please return to your child's school for signature.

TO BE COMPLETED BY REFERRER

REFERRED BY.....DESIGNATION.....DATE.....

SIGNATURE.....CONTACT PHONE NO.....

INCOMPLETE FORMS DELAY THE PROCESS. PLEASE MAKE SURE YOU HAVE INCLUDED THE RELEVANT INFORMATION AND PARENTAL SIGNATURE.