Adult Speech and Language Therapy Referral form for Care Homes

This referral form is for residents with swallowing and/or communication problems for nursing or care staff to complete.

*Please note **all relevant sections** of this form must be completed. Any referral form not completed with sufficient information may be returned to you.*

Please email completed form to fchc.slt@nhs.net
Any queries please contact 01883 733 891

PLEASE NOTE
SLT at First Community are only comissioned to see patients that are registered with an **East Surrey GP.**

If the patient's primary diagnosis is a **learning disability,** referrals need to be sent to: Surrey Borders Partnership NHS Foundation Trust, rxx.ctpldeast@nhs.net

SLT at First Community are currently not commissioned to provide a service to adults with a **primary mental health diagnosis** or **with head and neck cancer.**

If the referral is for **dysphonia/voice difficulties**, please, send to: SASH Adult SLT Service, East Surrey Hospital, Canada Avenue, Redhill, Surrey RH1 5RH. Referrals for this service will only be accepted if sent with an ENT Assessment from a SASH Consultant.

Patient's name:		**Referrer's name:**	
D.O.B:		**Referrer's job title:**	
NHS no:		**Date of referral:**	
Name and address of care home:		**GP name and surgery:**	

Has the resident consented to the referral?
☐ Yes ☐ No ☐ Unable (does not have capacity to consent to referral).

MEDICAL HISTORY including medical diagnosis:

☐ Stable ☐ Improving ☐ Deteriorating ☐ End of life

SWALLOWING:
DETAILED DESCRIPTION OF SWALLOWING PROBLEM – What are your concerns and why do you think they need assessment?

(For example: food/drink spilling from mouth, effortful swallow, choking, coughing, throat clearing, multiple swallows, wet voice, chest infections, pain on swallowing)

What **POSITION** do they eat and drink in & **WHERE** are they for meals?

SUPPORT required?
☐ Independent with eating and drinking ☐ Need some assistance ☐ Need full help to eat and drink

METHOD OF INTAKE ?
☐ Oral feeding/drinking only ☐ PEG/ RIG + some oral ☐ PEG/ RIG only and nil by mouth

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First Community Health and Care

Difficulties swallowing **MEDICATION?** ☐ Yes ☐ No

Please ask the GP / pharmacist to review and identify which can be given in a soluble / crushable form, please confirm this has been done ☐ Yes ☐ No **There is no need to refer if this has resolved the problem.**

Has the patient lost weight? ☐ Yes ☐ No MUST score……..

Have you? ☐Discussed with GP ☐ Discussed with Dietitian ☐ Tried fortifying foods/drinks

Do they have any oral **NUTRITIONAL SUPPLEMENTS**, if so what? ……

Has the patient had any **CHEST INFECTIONS** (in the absence of a cold)? ☐ Yes ☐ No

Date: Antibiotic: ☐ Yes ☐ No	Date: Antibiotic: ☐ Yes ☐ No	Date: Antibiotic: ☐ Yes ☐ No	Date: Antibiotic: ☐ Yes ☐ No	Date: Antibiotic: ☐ Yes ☐ No

Do they have a history of **REFLUX**?

☐ Yes ☐ No What medication are they on for this?……

COUGHING:

If patients are coughing, when do they cough? ☐ When eating ☐ When drinking ☐ On both food and drink ☐ At other times of the day

FOOD	**DRINKS**
What are they coughing on? ☐ Level 7 – Normal diet ☐ Level 6 – Soft & bite sized diet (food is soft and moist, lumps no bigger than 1.5cm by1.5cm) ☐ Level 5 – Minced & moist (food is soft and moist, lumps fit through prongs of a fork) ☐ Level 4 – Pureed food (smooth consistency, no lumps, holds shape on spoon)	**What are they coughing on?** ☐Level 0 – Thin fluids ☐ Level 1 – Mildly thick fluids (1scoop/200ml) ☐ Level 2 – Mildly thick fluids (2scoops/200ml) ☐ Level 3 – Moderately thick fluids (4 scoops/200ml) ☐ Level 4 – Extremely thick fluids (6 scoops/200ml)
How frequent is the cough with food? ☐ Every sip/mouthful ☐ At some stage during every meal/drink ☐ Once or twice a day ☐ Every now and then	**How frequent is the cough with drink?** ☐ Every sip/mouthful ☐ At some stage during every meal/drink ☐ Once or twice a day ☐ Every now and then
How severe is the cough with food? ☐ Dramatic, needs help such as back slaps ☐ Severe but they clear it themselves ☐ Moderate ☐ Mild/throat clearing	**How severe is the cough with drink?** ☐ Dramatic, needs help such as back slaps ☐ Severe but they clear it themselves ☐ Moderate ☐ Mild/throat clearing

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WHAT DOES THE RESIDENT EAT & DRINK **FOOD** ☐ Level 7 – Normal diet ☐ Level 6 – Soft & bite sized diet (food is soft and moist, lumps no bigger than 1.5cm by1.5cm) ☐ Level 5 – Minced & moist (food is soft and moist, lumps fit through prongs of a fork) ☐ Level 4 – Pureed food (smooth consistency, no lumps, holds shape on spoon)	**DRINKS** ☐Level 0 – Thin fluids ☐ Level 1 – Mildly thick fluids (1scoop/200ml) ☐ Level 2 – Mildly thick fluids (2scoops/200ml) ☐ Level 3 – Moderately thick fluids (4 scoops/200ml) ☐ Level 4 – Extremely thick fluids (6 scoops/200ml)

If the resident is already having modified food or drinks, **who placed the patient on these recommendations**?

☐ GP ☐ Previous SLT assessment ☐ Nursing/residential staff ☐ Patient / next of kin

*If the resident has had previous SLT assessment, please **include a copy** of the last report with your referral.*

Date of any previous SLT assessment: _____

What has been **TRIED SO FAR** to manage the difficulties? E.g. texture changes, feeding techniques, positioning?

1.

2.

3.

If changes have already been made e.g., to food textures, positioning, that have reduced the symptoms of concern, then there is no need to refer to SLT. People newly having thickened fluids do require SLT assessment (even if the GP has already prescribed the thickener)

Given these changes you have tried, what is still concerning you? How will the patient benefit from a specialist SLT assessment of swallowing?

Does the patient have mental capacity to make decisions about their food and drink? ☐ Yes ☐ No

COMMUNICATION:			
	Yes	**No**	**NA or not known**
Has there been a new change to their communication?	☐	☐	☐
Is the person / carer distressed about their communication?	☐	☐	☐
Can the person communicate basic needs / call for help?	☐	☐	☐
Can the person communicate with family/friends?	☐	☐	☐
Social impact of communication difficulties:			
Please describe the communication difficulties and reason for referral:			