**ADULT SPEECH AND LANGUAGE THERAPY REQUEST FOR ASSISTANCE**



**Please complete as fully as possible to prevent unnecessary delays**

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| **Date and time request received into service:** | | |
| **Name of person processing request:** | | |
| Name of individual:  Male / Female |  | Person making request: |
| DOB/CHI: |  | Designation: |
| Address: |  | Contact address for person making request:  Telephone number: |
| Next of Kin: |  | GP Name:  Address:  Postcode: |
| Does the person live alone? |
| Home Phone:  Mobile No:  Alt Contact No: |  | **Urgency: Will our response to this request potentially prevent admission to hospital**  **YES/NO** |
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| **If taking requests please use this script for consistency**  ***It is important that we have enough information to get the right assistance for this person and it would be helpful if we could get the answers to a few questions.*** | |
| What are the main concerns about the person that you think SLT can help with at the moment? |  |
| How is this currently affecting them? |  |
| Is this a recent change? |  |
| Who is most concerned? Individual, family, staff etc  Is anyone else concerned? e.g. family member, carer |  |
| Is the individual receiving additional support from any other services? (involvement of other agencies) |  |
| Do you know if they have received any previous support from Speech and Language Therapy?  Include approx dates seen and therapist if known |  |
| Has anything been tried to help the situation so far?  Has anything made a difference?  e.g. strategies and/or equipment |  |
| How are you hoping Speech and Language Therapy can assist at this time? |  |
| Other relevant Information:   * relevant medical history * any diagnoses or investigations * occupation * package of care * mobility * ability to attend a clinic |  |

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| **Has the individual named consented to this request: YES /NO** |

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| **Please detail any advice provided over the phone including any actions to be tried** |  |

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| **Actions** |  |
| Allocated to named SLT |  |
| Concerns discussed with seniors |  |
| Concern raised to “urgent” response |  |
| Re-allocated. |  |