

SPEECH-LANGUAGE THERAPY REFERRAL AND TREATMENT FORM

Paediatrics

REFERRING INSTITUTION

Hospital / ward:	Bed no:
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1. FOR DOCTOR'S USE ONLY

1.1 PATIENT DETAILS

Surname and initials:	Patient ID /DOB: _____ Hospital no.: _____ Account no.: _____
Address:	Tel. No:

1.2 CLINICAL INFORMATION

DIAGNOSIS & HISTORY:		Age:	Male	Female	Language preference				
Birth History	NVD	C/S	Reason:		_____/40	Birth weight			
	Complications:		NNE	HIE	IVH	Asphyxia	RDS	Apgar Scores	
	Before:		During:			After:			
INVESTIGATIONS:			TREATMENT REQUIRED:			Signature _____ Date _____ Name (please print) _____ Qualification/Rank _____ Time _____ Contact No: _____			
OAE: _____									
Contrast Swallow: _____									
CRUS: _____									
Other: _____									

2. FOR SPEECH THERAPY USE ONLY

Referral received	Date:	Time:	
SLT refers patient to other / additional health care professionals	Health care professional:	Date:	
Assistive device Issued	Device Type	Ordered	Date of Issue
Free Health Care	Yes	No	Younger than 6 (ECI) Date:
Patient receives Governmental Grant	Yes	No	Type of grant:
Patient / caregiver consent - treatment and risks - financial implications	Signature:		Date:

3. ASSESSMENT/ OBSERVATION:

3.1 Problem Identified in: Attach specific assessment form										Indicate: ☐ = Intact X = Not Intact											
Physical function		Neuro-motor function		Mental function		Sensory function								Respiratory function							
						Vision				Hearing				Pain		Skin					
						Tested:		Tested:		Tested:		Tested:									
3.2 Observations and Assessment Summary:																					
Health				Medication						Operations						General Health					
Doctor				Physiotherapist				Occupational Therapist				Dietitian				Audiologist					
Previous Therapy																					
Communication (Speech) ☐ x		Verbal								Non-Verbal											
Dev. History		Smile		Sit		Crawl				Stand				Walk				Talk			
Family / Social		Next of kin: _____						Relationship to patient:				Other:									
		Employed: Y / N _____																			
		Other family members						Number of children:													
Routines								Behaviour													
								Discipline:													
								Effective: Y N													
School / Crèche								Grade		Teacher:											
If none why?		Problems experienced																			
ADLS ☐ x		Strengths								Dressing/Bathing											
		Eat								Toilet											
		Sleep								Social											
		Other																			
Play		Favourite type of play:						Favourite toys / Interests:						Independent play:				Play with friends:			

PAEDIATRIC SPEECH-LANGUAGE SCREENING FORM

Feeding		Oral Motor Examination		Hearing	
Stage of alertness		Facial symmetry		Family history	
Stress cues observed		Lip closure		Ototoxic medication use	
Duration of feed		Lip rounding (o)		Medical conditions	
Utensils used		Lip spreading (e)		Hx of Otitis Media	
Volume of food		Open mouth posture		Response to sound/noise	
Signs of aspiration		Drooling at rest		Expressive/communication	
Food type/consistency		Lateral lip movement		Cooing	
Drooling during feeds		Cheek puffing		Babbling	
Reflexes		Tongue protrusion		Gestures/non-verbal	
Gag (through adulthood)		Tongue retraction		One word utterances	
Phasic bite (9-12m)		Tongue lateralisation		Two word combinations	
Transverse tongue (6m)		Tongue tip elevation		Sentences	
Tongue protrusion (6m)		Abnormal tongue patterns		Communication means	
Rooting (3m)		Jaw protrusion/retraction		Intent to communicate	
Sucking/suckling (6-24m)		Tonic bite reflex/ jaw grinding		Reason for communicating	
Basic concepts		Jaw lateralisation		Receptive/understanding	
Body parts		Speech		Follows one part instructions	
Forms/shapes		Phonetic inventory		Follows two part instructions	
Numbers		Vocal quality		Identifies objects	
Size		Speech rate		Knows use of object	
Colour		Articulation dx/DPD			
Themes (fruits/animals)		Speech intelligibility			
Play		Comments:			
Destructive play (breaks objects)					
Constructive play (builds blocks)					
Symbolic play (feeds doll)					
Plays with peers					
Shares toys					

5. DETAILED TREATMENT RECORD

[illegible]

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[illegible]