

This form should be completed by the parent of the individual being referred. Please return alongside completed referral form, Intelligibility in Context Scale and most recent Speech and Language assessments and report.

*Cysylltwch a thespecialistspeechclinic@cardiffmet.ac.uk os hoffech gael y ddogfen hon yn Gymraeg /*

*Please contact thespecialistspeechclinic@cardiffmet.ac.uk if you would like this document in Welsh.*

**Demographics of individual being referred**

**Heading**

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| --- | --- |
| Name | Click or tap here to enter text. |
| Date of birth | Click or tap here to enter text. |
| Sex assigned at birth | Choose an item. | Does the individual identify as a different gender to their sex, if so please specify  | Choose an item.Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

**Family Demographics**

**Heading**

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| Parent/Carer*Please specify relationship to child* | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Address (if different to above) | Click or tap here to enter text. |
| Languages spoken  | By individual being referred: Click or tap here to enter text.By parent/carer (if applicable): Click or tap here to enter text.Would you prefer communication in Welsh or English? Choose an item. |
| Is there a family history of any speech, language and communication difficulties?  | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |

**Prenatal and Birth History**

|  |  |
| --- | --- |
| Was your child born full term? | [ ]  Yes [ ]  No, please give details: Click or tap here to enter text. |
| Any difficulties during pregnancy? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Any difficulties during/immediately after birth? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |

**Medical History**

|  |  |
| --- | --- |
| Does your child have any medical diagnosis’? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Does your child have any significant medical history? e.g. seizures, hospital admissions | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Does your child have a history of hearing difficulties or ear infections? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Do you have concerns regarding your child’s hearing now? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text.Date of their last hearing test: Click or tap here to enter text. |
| Does your child have any allergies?  | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Has your child ever been referred to any of the following Health Care Professionals? | [ ]  Paediatrician [ ]  Physiotherapist[ ]  Neurologist [ ]  Occupational Therapist[ ]  Ear, Nose and Throat (ENT) Surgeon [ ]  Educational Psychologist[ ]  Cleft Lip and Palate Team  |

**Developmental History**

|  |  |
| --- | --- |
| What was the approximate age that your child sat up alone? | Click or tap here to enter text. [ ]  Can’t remember |
| What was the approximate age that your child began to crawl? | Click or tap here to enter text. [ ]  Can’t remember |
| What was the approximate age that your child started walking independently? | Click or tap here to enter text. [ ]  Can’t remember |
| What was the approximate age that your child was potty trained? | During the day: Click or tap here to enter text. [ ]  Can’t rememberDuring the night: Click or tap here to enter text. [ ]  Can’t remember |
| Did/does your child have any difficulties feeding? e.g. breast feeding, weaning, nasal regurgitation, reflux | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |

**Speech and Language Development**

|  |  |
| --- | --- |
| Did your child babble as a baby e.g. baba, gaga? | [ ]  No [ ]  Yes, please specify they age at which they started: Click or tap here to enter text. |
| What was the approximate age that your child said their first word?  | Click or tap here to enter text. [ ]  Can’t remember |
| What was the approximate age that your child started to combine two words together e.g. daddy up, more ball? | Click or tap here to enter text. [ ]  Can’t remember |
| Do you have any concerns with your child’s attention and listening skills? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Do you have any concerns with your child’s ability to interact socially with others (adults and children)? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| Do you have any concerns with your child’s ability to understand what is said to them? | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Do you have any concerns with your child’s ability to form sentences (excluding concerns with their pronunciation)?  | [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |

**Education Setting**

|  |  |
| --- | --- |
| What is the name of your child’s education setting? |  Click or tap here to enter text. |
| Is there an Individual Development Plan (IDP) or Education Health and Care Plan (EHCP) in place or in progress? |  [ ]  No [ ]  Yes, please give details: Click or tap here to enter text. |
| If your child is school aged do they have any difficulties with reading or writing? |  [ ]  No [ ]  Yes, please give details: Click or tap here to enter text.  |

**Consent**

To be completed by parent/carer if individual being referred is under 18, to be completed by individual being referred if they are age 18 or over.

|  |  |
| --- | --- |
| Consent | I give consent for referral to The Specialist Speech Clinic [ ]  Yes [ ]  No  |
| Signed |  |
| Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |