



**Paediatric Speech and Language Therapy Service**  
**Parent / Carer Referral Form**

Where possible it will be helpful to discuss this referral with your child's pre-school and include additional information from them, with this form.  
Please provide as much detail as possible as this will help us process your referral as efficiently as possible.

Name of child: .....

NHS Number (if known): .....

Date of Birth: .....

Ethnicity: .....

Address: .....

Telephone Number: ..... Mobile Number:.....

Date of Referral: .....

Name of Parent / Carer: .....

**We, Cambridgeshire Community Services (CCS) NHS Trust:**

Would like to send text (SMS) messages for appointment reminders and to share useful health information. **I agree to receive text (SMS) messages**

Yes ☐ No ☐

We may offer appointments using video calling; for this we need your current email address. **I agree to having video call appointments**

Yes ☐ No ☐

We can leave voice messages from the service on my home/mobile number if you are unavailable. **I agree to voicemails being left.**

Yes ☐ No ☐

We would like to send your letters or reports by email, which could include personal, sensitive data. If you select yes, we will not send your letters or reports in the post, we will email them to you instead. Once any information has left our secure NHS email accounts, the security of the information is your responsibility. **I agree to receive emails which could include personal information:**

Yes ☐ No ☐

**Sharing information:**

Are you happy for us to share your child's record with other health services who are involved with your child's care?

Yes ☐ No ☐

Are you happy for us to have access to the records held by other health services involved in your child's care?

Yes ☐ No ☐

If we need to liaise with other professionals involved with your child, e.g. pre-school, school staff, social care, are you happy for us to share information with them? I understand that this information may be shared verbally, in the form of written reports or via computerised records.

Yes ☐ No ☐

Name:



Parent/Guardian Signature:

Relation to child:



Health HUB number: 0300 555 0606

Email: [ccs.beds.childrens.slt.admin@nhs.net](mailto:ccs.beds.childrens.slt.admin@nhs.net)

Web: [www.childspeechbedfordshire.nhs.uk](http://www.childspeechbedfordshire.nhs.uk)





GP: .....

Pre-School / Nursery: .....

Does your child have an EHCP? Yes / No (please delete as appropriate)

Is this a Looked After Child? Yes / No (please delete as appropriate)

Named Social Worker : .....

Social Worker Telephone Number : .....

Home Language: .....

Is an interpreter required for appointments and who for ? .....

Does your child have appointments with anyone else eg Physiotherapist,  
Occupational therapist, ENT Department? Please give details of other people who  
help your child.

.....

.....

**PLEASE COMPLETE THE FOLLOWING BOXES WITH AS MUCH INFORMATION AND  
DETAIL AS POSSIBLE, AS INCOMPLETE OR LIMITED INFORMATION COULD DELAY  
THE REFERRAL PROCESS.**

**If the form is being filled in by hand then please continue on an additional sheet if  
required.**



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**Attention and Listening**

(Can they concentrate on activities they choose? Are they easily distracted? How do they cope in group activities? Do they turn when you call their name?)

**Play and Social Development**

(Do they initiate play or interactions? Can they take turns during play? What kind of toys do they like to play with? What games do they play? Are they showing imaginative play or role play? Do they play with adults and / or other children? Do they prefer to play alone?)

**Understanding of Spoken Language**

(Do they understand and answer questions like 'what', 'who' and 'where'? Can they follow instructions?)

**Talking**

(How many words are they joining together? How do they tell you what they want? What kind of words are they using – names, action words, description words? Are there other ways they tell you things e.g. pointing, leading you by the hand, making noises, babbling?)

**Speech Sounds**

Please attach a list of more than 20 words that your child finds difficult to say and write how they are saying them, for example 'cat' is said as "tat", 'duck' is said as "du".

(Can people understand their speech? Are they frustrated if their speech is not understood?)



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**Stammering (Dysfluency)** – only complete if your child presents with stammering behaviours

When they stammer what happens? (repeats whole words, parts of words, prolongs sounds, avoids words)

Does your child physically struggle to speak at times? (In other words can tension be observed?)

Is your child or you worried about their fluency of speech?

Is there a family history of stammering and if so did the stammering persist into adulthood?

Has your child been stammering for more than 6- 12 months and has the stammering stayed the same or become worse?

Does the child have, or has he/she had in the past, any other speech and language difficulties?

**Other development:** Do you have any other areas of concern about your child e.g. late to develop certain skills, struggling at pre-school?

**Please tell us anything else about your concerns that have not been covered by this form.**



Once complete please send this form to:

**Single Point of Access Administrator, Speech and Language Therapy via our email address: [ccs.beds.childrens.slt.admin@nhs.net](mailto:ccs.beds.childrens.slt.admin@nhs.net)**

For enquiries please contact our Health HUB on 0300 555 0606

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