Bury Children’s Feeding and Swallowing (Dysphagia) Service request for assessment form

**Person completing this form:**  Date:

Relationship to the young person:

Contact details:

**Young person’s Details**

Name: Date of birth:

NHS number: Ethnicity:

Address: Contact number(s):

Postcode:

Home situation (family members, names etc.):

Languages spoken at home: Interpreter needed? YES/NO

GP name: GP contact number:

GP address (incl postcode):

Diagnosis (if known):

**Reason for request for assessment:**

Birth History:

Medical History:

What are your concerns?

What support has been provided for this problem to date? E.g. health Visitor involvement.

Does he/she have difficulties with chewing or swallowing? E.g. gags, chokes when eating or drinking, please explain:

Does the child have a history of chest infections?

Has the child had any recent hospital admission? Please give details as appropriate

Has the young person had Speech Therapy in the past? If yes please give details:

Are there any other professionals involved (e.g. community nurse, physiotherapy, occupational therapy, audiology, psychologist, social care)?

Are there any risks the Therapist needs to be aware of before the initial visit?

Consent (**must be completed by person with parental responsibility)**

I agree for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive Speech and Language Therapy.

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this form.**

Please return to:

**Email:** [spoa.fax@nhs.net](mailto:spoa.fax@nhs.net)

**Fax2mail:** 0207 019 7414

**Telephone:** 0300 323 3316

Only request for assessments on this form will be accepted.

**Criteria to access SLT Feeding and Swallowing service:**

* Children with physical difficulties with their feeding and swallowing.
* Children with neuromuscular conditions affecting their feeding and swallowing
* Children with genetic conditions / syndromes with recognised associated feeding and swallowing difficulties.
* Children with brain injury resulting in feeding and swallowing difficulties
* Children with metabolic conditions resulting in physical difficulties feeding and swallowing.
* Children with neurological conditions (including cancer) resulting in feeding and swallowing difficulties.

**We currently do not offer a service for the following:**

* Children with fussy / faddy eating difficulties.
* Children requiring weaning or developmental advice and / or support
* Children with food aversion resulting from gastro-oesophageal reflux (GOR)
* Children with sensory feeding difficulties e.g. children on the autistic spectrum
* Children requiring psychological support around mealtimes.