

**Speech and Language Therapy
Community Request for Assistance Form
for Adults with Learning Disabilities**



Working together to make a real difference

Person Being Referred			
Full Name:		Address:	
Prefers to be known as:			
Date of Birth:	Age:		Postcode:
CHI Number:		Telephone number:	
Language spoken at home (if not English):		Capacity status:	

Person Referring			
Name:		Address:	
Job Title:			
Organisation/Team:			Postcode:
Relationship to person referred:		Telephone number:	

Key Contacts/Professionals Involved				
	Name	Address	Telephone	Email
Welfare Guardian				
Social work				
Carer/Care organisation				
GP				
Nursing				
Occupational Therapy				
Other				
Main contact (inc. details if different from above)				

Consent	Yes/No/N/A
Is the person able to agree to this request? Has the person agreed to this request? If relevant, has the request been agreed with the person's Guardian? Does the person require an interpreter or access to other communication supports to access this service? Details:	

Send requests for assistance by post or email to:
 Speech & Language Therapy, The Balfour, Foreland Road, Kirkwall, Orkney KW15 1NZ
 Tel: 01856 888239 Email: ORK.speechandlanguage@nhs.scot

Version: August 2025

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Background

Please provide a background history including medical diagnosis (has a LD diagnosis been made or is it suspected?), current living situation, social activities and any significant life events.

Reason For Request for Assistance

What has changed recently that has prompted you to make this request?

What impact have these changes had on the person's life?

What has been tried already and what difference has it made?

What do you expect from this request?

Risks If you select any of the following, you will be contacted for further information

Yes/No

Is the person a risk to themselves?

Does the person pose a risk to other people?

Are there any other risk factors our service should be aware of? E.g. pets/environment etc.

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ANY OTHER RELEVANT INFORMATION

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