

**Person Being Referred**

Full Name:	Address:
Prefers to be known as:	
Date of Birth/CHI:	Postcode:
Telephone number:	Best process for contacting:
Referrer:	Capacity status:

**Background**

Please provide a background history including medical diagnosis, current living/social situation

**Reason For Referral (please indicate)****COMMUNICATION****SWALLOW**

Brief summary of current situation:

*If swallow referral, please include current eating/drinking recommendations*

Impact on participation:

Impact of patient/carer wellbeing:

What do you hope speech therapy input will achieve?

**ANY OTHER RELEVANT INFORMATION**

Send referrals by post or email to:  
 Speech & Language Therapy, The Balfour, Foreland Road, Kirkwall, Orkney KW15 1NZ  
[ORK.speechandlanguagetherapy@nhs.scot](mailto:ORK.speechandlanguagetherapy@nhs.scot)