**Speech & Language Therapy
Request for Follow Up**

**Please note that this form may be returned if essential information is not provided.
Information marked with \* are mandatory in order for the form to be processed.**

**Information about the child / young person**

|  |  |
| --- | --- |
| Surname\* |  |
| Forenames\* |  | Preferred name\* |  |
| Date of Birth\* |  | NHS Number  |  |
| Sex at birth\* | Male [ ]  | Female [ ]  |
| Gender identity\* |  | Pronouns\* |  |
| Address\* |  |
| Postcode\* |  |
| Parent / Carer Tel (home / mobile)\* |  |
| Parent / Carer preferred way(s) of communication\* | Phone [ ]  | Email [ ]  | Post [ ]  | Other [ ]  |
| **Main Carer(s)\*** | Parent [ ]  | Mother [ ]  | Father [ ]  | Grandparent [ ]  |
| Guardian / Other [ ]  | Step Parent [ ]  | Foster Carer[ ]  | ResidentKey Worker [ ]  |
| **Main Contact Name\*** |  |
| Parental Responsibility\* | Yes [ ]  | No [ ]  |
| Relationship to above\* |  |
| Address (if different)\* |  |
| Tel Number (if different)\* |  |
| Email (if different)\* |  |
| Preferred way(s) of communication \* | Phone [ ]  | Email [ ]  | Post [ ]  | Other [ ]  |

**GP Details**

|  |  |
| --- | --- |
| Name\* |  |
| Address\* |  |
| Postcode\* |  |
| Telephone |  | Email |  |

**Nursery / School / College details**

|  |  |
| --- | --- |
| Name\* |  |
| Address\* |  |
| Postcode\* |  |
| Telephone |  |
| Email |  |
| SENCO Name\* |  |
| Is the child / young person in alternative provision\* | Yes [ ]  | No [ ]  |
| Is the child / young person electively home educated\* | Yes [ ]  | No [ ]  |
| If **YES** please give details: |  |
| Not in Education, Employment or Training\* | Yes [ ]  | No [ ]  |
| If **YES** please give details: |  |

**Other Professionals Involved (e.g. social worker)**

|  |  |
| --- | --- |
| **Name** | **Profession** |
|  |  |
|  |  |
|  |  |
|  |  |

**Reason for Request for Follow Up**

|  |
| --- |
| **\*Please attach most recent report and /or programme and tell us how this has been implemented and what progress has been made:** |
|  |
| **\*Please outline any changes, e.g. medical, safeguarding:** |
|  |
| **\*Current Need / Concerns:** |
|  |
| **\*What you would like support with?** |
|  |
| **\*Additional information: please attach any recent assessments e.g. Speech and/or Language Link, screeners e.g. LEG, Universally Speaking, Speech Sound screener, reports e.g. EP report** |
|  |

**Parent/Carer(s) Consent**

|  |
| --- |
| I fully understand the reasons for this Request for Follow Up and agree to the request[ ]  *(Please tick this box to confirm)* |
| \*Parent/Carer(s) Name |  |
| \*Parent/Carer(s) Signature |  | \*Date: |

**Referred by**

|  |  |
| --- | --- |
| \*Name |  |
| \*Job Title |  |
| \*Address |  |
| \*Email Address |  |
| \*Date of Referral |  | \*Signed |  |

Once completed please send this form to our **Single Point of Access**

**preferably by email:** cfhd.devonspa@nhs.net

**OR** alternatively by post:

Children and Family Health Devon, Single Point of Access Team,

1a Capital Court, Bittern Road, Sowton Industrial Estate, Exeter, EX2 7FW

Telephone 0330 024 5321