



# Guy's and St Thomas'

## NHS Foundation Trust

### LAMBETH TEAM FOR ADULTS WITH LEARNING DISABILITIES - REFERRAL FORM

(Please complete ALL parts of this form and return to: [gst-tr.AWLDHealthTeam@nhs.net](mailto:gst-tr.AWLDHealthTeam@nhs.net))

Date of referral

First name

Last name

D.O.B

Gender

NHS Number

Male

Female

Address

Postcode

Client telephone number

Contact name and number

Name of referrer

Relationship of referrer to  
client

Referrer email

Referrer address

Telephone number

#### Services required (please tick as many as you need)

Community Nursing

Physiotherapy

Speech & Language Therapy (communication)

Occupational Therapy

Eating & Drinking \*

\*Please note, this is for dysphagia, choking, and swallowing difficulties only

Language(s) spoken by service user and principal carer(s)

Is an interpreter required?

Yes

No

Other professionals currently working with the service user (name, profession and contact details):

Other professionals who have worked with the service user in the past:

Name, address and telephone number of GP:

Please give ethnicity of service user and who determined this:

Hospital inpatient? If yes, please give details

**Is the person known to the Team? If no, please fill in boxed section below:**

Please state principal carers/agency support service user:

Evidence of learning disability (please attach any relevant assessments, reports and letters for background information):

History of support given to service user (school history, details of any diagnosis, placement history, current situation if not already included:

**Reason for referral:** (Is there any change in the client's behaviour?)

Please note: It is important to mention any known risks to service user or others.

**Has the service user consented to this referral?**

Yes      No

**If consent has *not* been given, please explain why**

Please return the form to:  
**Lambeth Team for Adults with Learning Disabilities**  
121 Townley Road  
East Dulwich  
London SE22 8SW  
[gst-tr.AWLDHealthTeam@nhs.net](mailto:gst-tr.AWLDHealthTeam@nhs.net)

Tel: **0203 049 7518** Fax: **0203 049 7592**

Date referral received

Date taken to MDT



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