Guy's and St Thomas'
NHS Foundation Trust

SOUTHWARK TEAM FOR ADULTS WITH LEARNING DISABILITIES - REFERRAL FORM

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

Date of referral

First name | Last name | D.O.B

Gender

◯ Male ◯ Female

NHS Number

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
- ☐ Speech & Language Therapy (communication)
- ☐ Eating & Drinking *
- ☐ Physiotherapy
- ☐ Occupational Therapy
- ☐ Audiology

*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:
Southwark Team for Adults with Learning Disabilities
121 Townley Road
East Dulwich
London SE22 8SW
gst-tr.AWLDHealthTeam@nhs.net

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

Date referral received

Date taken to MDT