



Name:

DOB:

Address:

Tel no:

Mobile no:

Email:

School:

Teacher:

Class:

GP name and address:

Hearing test passed:

Yes

No

Date last tested:

Are you currently seeing an NHS SLT:

Yes

No

NHS SLT name and address:

Have you previously seen an NHS SLT:

Yes

No

Description of concerns and/or expectation of SLT referral:

Relevant medical and family history:

Parents names:

Siblings names and DOB:

I/We have read the *Terms and Conditions of Service* and agree to these.

Signed:

Date:

I/We agree to the Speech & Language Therapist sharing information (verbally and written), with Teaching Staff / Medical Professionals / Other Professionals involved with my child.

I/We have read the Speech Den's Policy on sharing information with other Professionals.

I/We have read the Speech Den's Covid Risk Assessment Document.

Signed:

Date:

I/We agree to the Speech & Language Therapist making:-

Voice recordings

Pictures of my child

Videos of my child

All recordings will be deleted 8 weeks after discharge from the service.

I/We agree to the Speech & Language Therapist contacting me/us via email / telephone and have read the Policy regarding retention of messages / voice messages.

Signed:

Date:

SLT – Speech and Language Therapist

Terms and Conditions of Service – as set out in the Practice Information Leaflet, please ask if you are unsure about these Policies - Data Protection, Data Stored, Communication with other Professionals, Covid Document.