CÚRAM SLÁINTE POBAIL
CORCAIGH CIARRAÍ
CORK KERRY
COMMUNITY HEALTHCARE

PARENTAL SPEECH AND LANGUAGE THERAPY REFERRAL FORM
South Lee

This form is to be used by parents to refer children to the HSE SLT Service

*Please complete **ALL** sections in full. Incomplete forms will be returned*

Section 1: Personal Details

Child's name: _____

Gender: Male ☐ Female ☐

Date of Birth: _____

Home Address: _____

_____

_____

Parent(s)/Guardian(s) Name: _____

Telephone Number(s): _____

G.P. Name: _____

G.P Address: _____

Child's first Language: _____

School/Pre-School Name: _____

School Address: _____

_____

School Telephone Number: _____

Section 2: Referral Details

Please state why you are referring your child to Speech & Language Therapy:

_____

_____

_____

Section 3: Previous/Current Inputs

Has your child ever attended/been referred to any of the following (***please tick all that apply***):

Paediatrician ☐ Audiology ☐ ENT ☐

Psychologist ☐ Area Medical Officer ☐ Public Health Nurse ☐

Physiotherapy ☐ Social Worker ☐ Occupational Therapist ☐

Child & Adolescents Mental Health Services (C.A.M.H.S) ☐

Early Intervention Forum ☐ Early Intervention Team ☐

Autistic Spectrum Disorder Services ☐

Speech & Language Therapy ☐

Other ☐ Details: _____

Section 4: Parent/Guardian Consent

I (***please print name***) _____ wish to refer my child to the HSE Speech & Language Therapy Service.
I also consent to the Speech & Language Therapist contacting any of the relevant professionals listed above for reports on my child.

Name of Parent/Guardian: _____
(***please print clearly***)

Signature: _____

Date: _____

Eligibility & Suitability of Referrals to Primary Care speech & Language

- There is no upper or lower age limit for eligibility to receive Primary Care SLT service.
- Children do not have to possess a medical card to access this service.
- Children who are under the care of a specialist service are not eligible to access Primary Care Speech and Language Therapy Service i.e. Intellectual Disability services/ Physical Disability services/ Autistic Spectrum Disorder services/ Child and Adolescent Mental Health Services.
- Children under 5 years and 6 months of age who present with the significant indicators for the following should be referred to the appropriate specialist agency via the Early Intervention Services Intake Forum. 021 4923893
    - Significant physical disability
    - Intellectual Disability
    - Autistic Spectrum Disorder
    - Significant needs in two or more areas of development.

- All referrals to Primary Care SLT are screened for eligibility and suitability. The referral will be accepted if it meets the eligibility criteria.
- If the referral does not appear to be appropriate to the SLT service based on the referral information, you will be contacted by an SLT and requested to provide further details. A referral to a more appropriate service may be recommended and discussed with you..
- Currently children accepted for assessment by the SLT service are seen for an Initial assessment appointment within 4 months.

Please return the completed form by post to:

Speech & Language Therapy Department,
City General Hospital,
Infirmary Road, Cork.
Eircode: T12 NV97

Alternatively, scan and email to: speechtherapy.sl@hse.ie

If you have any referral queries, please phone: 021-4927801