NHS Dumfries & Galloway

Speech and Language Therapy Services, Dumfries and Galloway Royal Infirmary,
Bankend Road, Dumfries DG1 4AP
Tel: 01387 241422 Fax: 01387 244531 **E-mail: dumf-uhb.sltadult@nhs.net**

Adult Speech and Language Therapy Referral Form

Name:	**Male /Female:**	**CHI:**
Date of Birth:	**Telephone Number:**	
Address: Post Code:	**Person has agreed to referral**: ☐ **Carer Contact** (if required):	
G.P. name and address:	**Consultant:**	
Clinical reason for Referral:		
Medical Treatment Plan:		
For PEG/RIG insertion? Yes ☐ No ☐	**Date:**	
Medical History:		
Current Medications:		
Tick if you have any specific concerns regarding: ☐ Swallowing ☐ Comprehension and/or expression of language ☐ Speech/Articulation	☐ Dysfluency/Stammer ☐ Voice ☐ Other	
Relevant Family / Social / History:		
Any additional information / risk factors:		
Other agencies involved:		

Signature: ....
(please print name)

Designation: ..... Telephone No.: ..... Date:.....

Address: .....

Please complete in full and return to above