

REFERRAL for ASSESSMENT

Leatherhead and Kingston Groups



Has consent be given for this person's personal details to be held by us and do they understand they can request to see what information we hold on them?

Your details

Date

Method

First name	Surname
Address	Date of birth
Phone number	Mobile number
Email address	

Next of kin

First name	Surname
Address	
Phone number	Mobile number
Emergency phone number if different from the above	

Referrer

Name	Role
Address	Date of referral
	Date of assessment*
	Trial visit date*
Phone number	Outcome of trial*
Email address	

* For office use

Medical

GP Name	Medical history ~ please include diagnosis / date of onset
GP Address	
Phone number	
Other relevant professionals involved	
	Is the person diabetic?
	Have any seizures occurred?

Long-term support and opportunities for people with aphasia

Speech and Language Therapy history

Please give details if therapy is ongoing since we will need to contact the therapist involved.

Communication difficulty

Please describe how the person currently communicates (expression and comprehension), and any strategies which have been found to help. Aphasia should be the primary communication disorder. If no diagnosis has been made please contact us to discuss.

Additional difficulties

Please note we will require all referrals to be independent in the toilet. Wheelchair users are welcome at both locations.

Social/Family information

Transport

Please indicate how the person plans to travel to and from Dyscover.

Interests/Activities/Work

Please supply any additional information/reports which you feel would be useful for us to have.

Return by email to info@dyscover.org.uk

Or post to us at Dyscover, Leatherhead Court, Woodlands Road, Leatherhead, Surrey KT22 0BN

T : 01737 819419

E : info@dyscover.org.uk

www.dyscover.org.uk



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