**AAC WEST Specialist Service Bristol/Plymouth Expectations**

**Re-referral Form**

**Re-Referral** – Please complete this form if it is less than two years since the person’s last input from Bristol/Plymouth. **Please ensure** both the AAC user and the referring professional are able to meet the expectations detailed below.

**What is expected from the person using the service?**

* To attend all agreed appointments
* To take care of any devices which are loaned and add the device to their home contents insurance policy, & school insurance policy (where appropriate)
* To work towards the goals that have been agreed for the loan period
* To provide regular opportunities to practice using the communication aid.
* To cooperate with any conditions / requests made by AAC WEST regarding the use/safety of equipment on loan.

**What is expected of the local Therapist?**

* To complete a comprehensive referral form, using the AAC WEST screening tool if available
* To provide video evidence with the referral form wherever possible
* To attend all agreed appointments at the Communication Aid Service and understand that these can often be lengthy in duration
* To support the person during the initial assessment
* To actively contribute to the discussions taking place during the initial assessment
* To liaise with all appropriate local professionals involved in the person’s care
* To provide AAC WEST with vocabulary if required
* To attend any training sessions that are arranged
* To regularly support the person’s throughout any equipment loan periods that may take place and as part of the assessment process monitor and evaluate the person’s progress towards the agreed goals
* To provide feedback to AAC WEST during equipment loans
* To form a local support team: Identify key support people in the person’s home environment who can regularly give support during and after the assessment process
* For the local team (Speech and Language Therapist or assistants) to provide regular support sessions during the assessment period in order to ensure the best outcome for the person being referred
* Ensure that everyone in the person’s communication environment is supportive of the referral and its intended goals/outcome
* To ensure that any equipment loaned by AAC WEST to a person’s is returned in a timely fashion when the loan period is over or if it is no longer needed.

**What you can expect from AAC WEST**

* A comprehensive, person centred assessment of AAC needs by experienced practitioners taking into account all aspects of the person’s needs, medical condition and wishes
* Appointments arranged at times to suit the person and their carers and professionals
* Loan of communication equipment for short term evaluation as appropriate
* Adequate training in use of devices given for loan
* Ideas on how to introduce AAC systems into activities of daily living
* Goal setting with person and their team to provide evidence of outcome of assessment
* Telephone reviews during equipment loans as appropriate
* Comprehensive reports
* Provision of any equipment recommended at the end of the assessment, for long term use.

**Please complete all sections of this form as fully as possible. We are aware that this form is long, however, detail here saves time in triage and later appointments.**

| **Patient Details** | **Referring SLT Details** |
| --- | --- |
| Name: Date of Birth: Address (including postcode):  | Name:Address (including postcode): |
| Telephone: | Telephone: |
| Email: | Email: |
| NHS number: | Details of SLT employment: (school, NHS trust etc.)*Please note referrals can only be accepted from SLTs employed by a statutory body e.g. NHS, School, Local Authority.* |
| **Next of kin name**: | **School/Pre-school:** |
| Address(es): (if different from above)  | Address: |
| Telephone: | Telephone: |
| Email: | Email: |

Days available for appointments:

| SLT | Monday [ ]  | Tuesday [ ]  | Wednesday [ ]  | Thursday [ ]  | Friday [ ]  |
| --- | --- | --- | --- | --- | --- |
| Patient | Monday [ ]  | Tuesday [ ]  | Wednesday [ ]  | Thursday [ ]  | Friday [ ]  |

| Is the patient’s first language English? | Yes [ ]  No[ ]  |
| --- | --- |
| Do the family require an interpreter? | Yes [ ]  No[ ]  |

| If yes, what language? |
| --- |

| Is the patient able to travel to their local AAC centre (Bristol or Plymouth Base)? |
| --- |

**Other professionals involved relevant to referral (please include GP, Paediatrician, OT, Physio, Advisory Teachers):**

**PLEASE NOTE: REFERRALS CANNOT BE ACCEPTED WITHOUT GP DETAILS**

| Name | Professional | Address | Tel Number |
| --- | --- | --- | --- |
| - | - | - | - |
| - | - | - | - |
| - | - | - | - |

**Time since last AAC WEST input** (please tick)

| **<6 months** [ ]  | **6mth >12mths ☐** | **1yr>2yrs** [ ]  | **>2yrs** [ ]  |
| --- | --- | --- | --- |

| **Date last seen by Bristol/Plymouth:**  |
| --- |

| **Reason for re-referral:** *(please give brief summary & provide further details on the next page)* |
| --- |

| **High Tech AAC:** What AAC device is the client currently using? *Please note any issues or difficulties in each area.*Device:Access method:Software and/or vocabulary package: |
| --- |
| **Low tech AAC:** What low tech AAC backup does the client have access to?  |

| **Client’s Condition:** Has the client’s condition or diagnosis changed or deteriorated? Yes/NoIf yes, please give details: |
| --- |
| **Mounting:** Does the client have a mounting system provided by AAC WEST? Yes/NoIf yes, is it meeting their needs yes/NoIf no, please give details: |
| **Support:** Has the client’s level of available support changed, e.g. from carers, professionals and family members yes/noIf yes, please give details: |
| **Communication environment and opportunities:** Has the client’s home, work, education or social situation changed? If yes, please give details |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_