**Haringey Early Years Speech and Language Therapy Dysphagia Service**

Information for Referrers

The Haringey Early Years Speech and Language Therapy Dysphagia service. We are based at Tynemouth Road Health Centre and see children at home, clinic or nursery depending on the child, family and their needs.

Referral criteria

* Child must be 0-5 years with a Haringey GP.
* Any infant under 6 months having reported difficulty with oral feeding.
* Any child with known or suspected risk of aspiration / choking / pharyngeal stage difficulties when eating, drinking or swallowing.
* Any child with a known neurodegenerative disorder with observed deterioration in eating, drinking and swallowing skills.
* Any child with known safeguarding or child protection concerns, risks or alerts that has feeding difficulties.
* Any child with aversive feeding difficulties or feeding delays that is due to known or suspected organic cause (e.g. reflux, oesophageal stage difficulties, long term tube feeding, known to MDT, ex-prematurity).
* **Any child that requires urgent care earlier than two weeks should be directed to A&E.**

**Referral process**

* PLEASE COMPLETE REFERRAL FORM BELOW. We accept referrals from any professionals or parents.
* Referrals via this referral form to [whh-tr.haringeychildrensltreferrals@nhs.net](mailto:whh-tr.haringeychildrensltreferrals@nhs.net) or direct email to EY dysphagia team with patient details, reason for referral and medical history.

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| Exclusion criteria / Services to signpost |
| * Health Visiting Team - delayed weaning or chewing with no known organic cause. * Children over two years with known or suspected behavioural and/or sensory based food aversion/feeding difficulties: **The Whittington Hospital Outpatients Feeding Clinic**   + [speechtherapy.whitthealth@nhs.net](mailto:speechtherapy.whitthealth@nhs.net)   + Please note this service do not provide a service for children who have feeding difficulties as a result of an Autistic Spectrum Condition, children with just sensory and/or behavioural issues affecting their eating and drinking or children who are ‘fussy’ eaters, toddlers/children who refuse to eat lumpy/chewy foods or for children generally refusing to eat. * Children with a diagnosis of autism spectrum condition, or sensory processing   + Selective Eating Workshop provided by Haringey OT and DT |

Please contact us for further information:

020 3234 4399

Haringey Early Years Speech and Language Therapy

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**Referral Form**

Please complete this form and email to the CDC referrals team: [whh-tr.haringeychildrensltreferrals@nhs.net](mailto:whh-tr.haringeychildrensltreferrals@nhs.net)

Please read the Information for Referrers page before completing this form.

Child’s name: DOB: Age:

Parent/carer’s name:

Address: Telephone: NHS No:

1st language: Interpreter needed? Yes  No

Consultant: GP:

Nursery (if applicable):

Background information – birth and infancy, medical conditions (including any gastro and respiratory history), development, growth history (please attach medical reports/developmental reports/discharge summaries):

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What is the reason for referral to the SLT dysphagia service?

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Further details about the feeding/swallowing concerns (what are they offered, what textures, how are they fed, how much milk do they have, what is their routine like, etc):

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(If the referrer is not the parent/carer) What would the parent/carer like to happen, and what outcome would they like to see from this referral?

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What advice has been given already?

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Is this child known to any other services (e.g. dietetics, occupational therapy, social work)? Please list.

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Any relevant social history or safeguarding concerns?

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Does the child have any allergies? No  Yes  Please list:

Have the parents/carers consented to this referral? No  Yes

Referrer’s Details

Name:

Role:

Telephone number:

Email address:

Physical work address:

Date: