

Referral for assessment

Walton on the Hill and Kingston Groups



Details of person being referred (please obtain their agreement before referring)

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	Date of referral
Address	Date of assessment*
	Trial visit date*
	Outcome of trial*
Phone number	

*For office use

Medical details

Name and contact details of GP	
Medical history – please include date of stroke/injury	
Is the person diabetic?	Have any seizures occurred?
Other relevant professionals involved	

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 require all referrals to our Walton groups to be independent in the toilet. At our Kingston base, personal support can be provided by social services staff if necessary. Wheelchair users are welcome at both locations.

Social/family information

Transport

(Please indicate how the person plans to travel to & 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

rtownsend@dyscover.org.uk.

Or post to us at Dyscover

Crown House Mews, Chequers Lane, Walton on the Hill KT20 7ST



Long-term support and opportunities for people with aphasia

Dyscover

Crown House Mews, Chequers Lane, Walton on the Hill, Surrey KT20 7ST

T 01737 819419

E info@dyscover.org.uk

www.dyscover.org.uk