**Background information**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Address: | Home phone:Mobile:Email: |
| What is your current occupation? | GP (surgery name and location) |
| Are there any other professionals working with you? |
| Past medical history - Do you have any medical history that you think we need to know such as hospitalisations, illnesses or mental health issues? |
| What are your interests? |
| What are the main difficulties you are experiencing with your communication (speech, language, social interaction)? |
| Have you been seen by another speech therapist? |

**Speech and Language**

|  |
| --- |
| Do you think you have any difficulties understanding instructions of information that is spoken? |
| Do you think that you can express yourself clearly?  |
| Do you find it hard to communicate with friends and family? |
| Do you think there is any other information that might be important for us to know? |

**Consent form**

Please fill in the following information so we are aware of your preferences when working with you.

**1. Gathering and sharing information.**

In order to support you, it is helpful for us to collect information about you, see other professionals’ reports about you and also for us to share relevant information with other professionals. We only collect personal information for the purposes of assessment, provision of therapy, referral to other services for further assessment and/or treatment, liaison with other services/institutions for the purposes of information-gathering, or for the provision of advice to other services/institutions and/or bodies that may be involved in your case.

I agree for relevant information to be collected from, and shared with, other professionals involved in my care, including NHS speech and language therapists.

Yes [ ]  No [ ]

**2. Corresponding by email**

Email is generally the fastest and easiest way to liaise with people. Please indicate whether you are happy for us to contact you, and share information about you by email. Whenever possible reports and confidential information will be password protected or your full name is not revealed.

I consent for you to correspond by email. Yes [ ]  No [ ]

**3.Storage of data**

Written information is stored in a locked filing cabinet at the premises of the Speech and Language Therapy Clinic, Plymouth Marjon University. Other information is securely stored on the university network. Information is kept securely until 2 years after you stop seeing us and then it is destroyed.

**4. Photographs and video recordings**

Photographs and video recordings can be a good way of recording what has happened in an assessment and also can be a useful tool in therapy itself. No recordings will not be posted on social media. We understand that not everyone is comfortable with photos and videos being used so please can you indicate below what you are comfortable for us to do.

1. I consent for you to take a photo / video recording of me to use for therapy purposes.

Yes [ ]  No [ ]

1. I consent for you to make a video / audio recording of me for use in for training teachers, other speech and language therapist, psychologists about communication disorders.

Yes [ ]  No [ ]

**5. Consent**

I have read the terms and conditions and agree for a student speech and language therapist from Plymouth Marjon University to provide speech and language therapy services for me.

I consent to the gathering, processing and retention of information/data in relation to healthcare, educational and speech and language therapy specific activities that will be required over the course of assessment and treatment. I understand that information/data will not be shared unless I have indicated so above (Section 1. Consent to gather and share information) and unless such information is required to be shared by operation of law or pursuant to statute.

I understand that the information/data provided by me will be used only for the aforementioned specific purposes. I understand that all data kept in relation to my case will be retained in a safe, secure and confidential manner and will be retained by the Data Processor for no longer than is required. I understand that on completion of assessment and treatment, any data that is kept in hard and soft copy will be deleted and/or destroyed in a safe and confidential manner within two years of the completion of treatment unless I request that that identifying information/data is returned to me.

I confirm that I am aware of the Privacy Statement at <https://www.marjon.ac.uk/cookies-and-privacy/>

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_