



## Referral for Clinical Evaluation of Swallowing

*Clinical swallow exams are low-risk basic assessments of cranial nerve, voice and swallow function, completed by a certified speech-language pathologist.*

### Client information and medical history

Client's name:	PHN:
Date of Birth:	Address:
Relevant medical history:	Phone:
Previous swallow impairment diagnosis, if any:	
Family contact name: Family contact phone #:	Client agrees to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family doctor: Doctor's fax:	

### Current diet and swallow function

Current diet: Solids texture:		Fluids consistency:
<input type="checkbox"/> Tube feed	<input type="checkbox"/> Progressive illness	Other current concerns:
<input type="checkbox"/> Recently home from hospital	<input type="checkbox"/> Recent pneumonia	
<input type="checkbox"/> Coughing/choking at meals	<input type="checkbox"/> Desire upgrade in diet texture	
<input type="checkbox"/> Considering "at risk" eating	<input type="checkbox"/> Not eating/drinking enough	

### Description of the problem

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nathan@carterspeechpathology.ca

**Contraindications**

Any allergy to latex (gloves) or wood (tongue depressors)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any allergy to foods or food dyes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:

**Current medications:**

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Referral source (can be you):	Role:	Phone:
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Please include copies of:

- ▶ Any previous SLP clinical/bedside/instrumental exam reports, and any relevant GI or ENT reports if available

**This PDF is form-fillable - please return to [nathan@carterspeechpathology.ca](mailto:nathan@carterspeechpathology.ca)**

*Our clinical swallow assessments are privately paid exams and a fee will be charged to the client. Invoices and receipts are provided, suitable for extended health benefits reimbursement claims.*