OUTPATIENT SWALLOWING ASSESSMENT REFERRAL

Speech, Language & Hearing Services
Medicine Hat Regional Hospital
Phone: 403-528-8175
Fax: 403-528-8190

OUTPATIENT SWALLOWING REFERRAL CRITERIA

- The individual must have **ORO-PHARYNGEAL** swallowing difficulties (e.g. coughing **while** swallowing, history of neurological/neurodegenerative involvement). Referrals will be prioritized based upon details provided.
- SLP will triage clients to the most appropriate assessment(s) which may include:
  - Non instrumental: clinical (bedside) swallow assessment
  - Instrumental: Videofluoroscopic Swallow Study (VFSS) and/or Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- **Consider alternate investigations (information on reverse side)** if the individual exhibits esophageal signs/symptoms (e.g. more difficulty with solids than liquids, feeling of food getting “stuck,” regurgitation, etc).
- Please attach relevant medical reports, diagnostics, and medication profile.

SWALLOWING CONCERNS AND HISTORY

1. What foods/liquids does the individual have difficulty with? ________________________________________________________________
2. What is the individual’s respiratory history (e.g. recent pneumonia, COPD)? ________________________________________________
3. Does the individual cough **while** swallowing? ________________________________________________________________
4. Any episodes of airway obstruction (i.e. Heimlich required)? ________________________________________________________________
5. Does the individual have a history of stroke or progressive neurological disease? ________________________________________________________________
6. Other relevant information: ________________________________________________________________

Referring Physician (First and last name) | Physician Phone:
----------------------------------------|------------------
| Physician Fax: |
| Copied To: |

PLEASE FAX COMPLETED REFERRAL TO 403-528-8190