

DYSPHAGIA REFERRAL and INTAKE FORM

NAME: _____

DOB: _____

CR: _____

A **Videofluoroscopic Swallow Study (VFSS)** is a swallowing x-ray completed by a Speech Language Pathologist in the Imaging Department and assesses the **oral** and **pharyngeal** phases of swallowing function. Referrals are sent to the Speech Pathology Department at Hotel Dieu Hospital and require a completed Imaging Requisition along with this form.

1. Reason for Referral: _____

2. Related Medical History: _____

3. Current Symptoms:

- Choking on liquids
- Food going down the wrong way (into airway)
- Difficulty with chewing and food clearance from the mouth
- Difficulty clearing food from the throat
- Gurgly/wet voice quality after eating/drinking
- Recent/recurrent pneumonia
- Reduced oral intake/weight loss
- Other: _____

4. Current Diet: _____

FAX Dysphagia Intake Form and Imaging Requisition form to Speech Language Pathology at F: 613-544-7461

Speech Pathology Department
Hotel Dieu Hospital
166 Brock St., Kingston, Ontario K7L 5G2
Tel: (613) 544-3400 Ext. 3195, Fax: (613) 544-7461

Revised 2024.03.12