London Health Sciences Centre

SPEECH-LANGUAGE PATHOLOGY
Outpatient Referral Form
Telephone: 519-685-8435
FAX: 519-685-8060

Date of Referral: _____

Referred By:

Dr.: _____

Phone: _____

Fax: _____

Address: _____

_____

LHSC PIN: .....

Name: .....
Last First

Address: .....

.....

Sex: ..... DOB: .....
YYYY/MM/DD

HC: ..... VC: .....

Home: .....Work/Cell: .....

Reason for Referral:

Communication (aphasia, dysarthria, voice, cognitive-communication): ☐ No ☐ Yes

Comments: _____

Swallowing: ☐ No ☐ Yes

Comments: _____

Onset of Problem: ☐ Acute ☐ Gradual

Urgency: ☐ Routine ☐ Urgent

Duration of Problem: _____Years _____ Months

Pertinent Medical History: _____

_____

If referral is strictly for communication, you may skip to the signature line on page 2 and fax the referral to 519-663-3378.

Present Form of Nutrition Intake/Diet: _____

History of Aspiration/Pneumonia? ☐ No ☐ Yes If yes, when? _____

Previous Modified Barium Swallow Study? ☐ No ☐ Yes ☐ Unknown

If yes, when? _____ Where? _____

Previous Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Study? ☐ No ☐ Yes ☐ Unknown

If yes, when? _____ Where? _____

Weight Loss in Last Six Months? ☐ No ☐ Yes If yes, how much? _____lb/kg

Mobility: Is your patient ambulatory? ☐ No ☐ Yes If no, please clarify: _____

Based on the results of your patient's clinical swallowing assessment, we may need to complete an instrumental assessment on the same day, or at a later date. Our instrumental assessment would be a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and/or a Modified Barium Swallow (MBS) study.

FEES involves the use of nasal endoscopy. Please check off **only if there is a presence** of any of the following conditions:

- ☐ Cardiac Disorder
  - ☐ Vasoconstriction
  - ☐ Elevated heart rate
- ☐ Change in respiration rate in patients with known cardiac symptoms
- ☐ History of vasovagal episodes, or history of fainting
- ☐ Severe bleeding disorders and/or recent, severe epistaxis
- ☐ History of methhemoglobinemia
- ☐ History of recent trauma to the nasal cavity or surrounding tissue and structures secondary to surgery or injury
- ☐ Bilateral obstruction of the nasal passages

PLEASE CHECK THE APPROPRIATE BOX BELOW:

☐ Patient has one or more of the medical conditions listed above but could tolerate nasal endoscopy

☐ Patient has NONE of the medical conditions listed above and can tolerate nasal endoscopy

☐ Patient has one or more of the medical conditions listed above precluding nasoendoscopy

Should we decide that an MBS is required, please complete a London Health Sciences Centre Radiology requisition for an MBS and fax it to 519-663-3378 along with this referral form.

_____

Physician Signature