Instrumental Assessment Referral Form—Adults

Patient Information

Patient's name:

Patient's date of birth:

Patient's preferred name:

Referring clinician's name:

Referring clinician's contact information:

What is the clinical question that this instrumental assessment should answer?

Medical History

Code status or advanced directive:

Pulmonary status (e.g., oxygen needs, history of pneumonia or aspiration):

Medications (especially those impacting alertness, cognition, or swallowing):

Cognitive status (e.g., ability to follow directions or remember swallowing techniques):

Sitting balance and transfer independence:

When using this form, follow your organization's HIPAA policies and guidelines. Obtain the necessary permission from the patient and/or care partner, and document it in the electronic medical record (EMR) per facility requirements. This template is adapted from Nancy B. Swigert's *Fundamentals of Dysphagia* course available through the ASHA Learning Pass. It is provided as a resource for ASHA members and does not represent official ASHA policy.

Personal Information

Patient's goals and preferences:

Care partner's involvement:

Cultural or religious considerations related to eating or drinking:

Known social risk factors and/or unmet social needs related to eating or drinking:

Dysphagia History

When did the swallowing problem start?

Previous instrumental swallowing evaluations (dates and results):

Previous clinical swallowing evaluations (dates and results):

Esophageal symptoms (if any):

Previous compensatory strategies used with oral intake and their effectiveness:

Rehabilitative techniques taught to patient:

Current Swallowing Status

Current route of nutrition:

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Current diet and liquid recommendations:

Compensatory strategies attempted and/or recommended:

If a follow-up instrumental swallowing assessment (e.g., flexible endoscopic evaluation of swallowing [FEES] or modified barium swallow study [MBSS]) is recommended, when should it be done—and why?

Other pertinent information (e.g., behavioral concerns, patient positioning strategies):

Instrumental Assessment Findings

Study results:

Diet recommendations:

Swallowing precautions or maneuvers:

Prognosis for swallowing recovery:

Other recommended referrals:

Patient and/or care partner education completed (please describe):

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