

Instrumental Assessment Referral Form — Pediatrics

Patient Information

Patient's name:

Patient's date of birth:

Patient's preferred name:

Caregiver attending study with patient:

Caregiver who should receive follow-up after study:

Referring clinician's name:

Referring clinician's contact information:

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

Medical History

Primary medical diagnoses:

Birth history (as applicable):

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

Neurodevelopmental/cognitive status:

When using this form, follow your organization's HIPAA policies and guidelines. Obtain the necessary permission from the patient and/or caregiver, 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.

Motor status (e.g., sitting ability, positioning needs, head/neck control, transfer independence):

GI, nutrition, and/or feeding tube history:

Allergy history:

Current medications:

Personal Information

Child's and/or caregiver's goals and preferences:

Caregiver's involvement:

Cultural or religious considerations related to feeding and swallowing:

Known social risk factors and/or unmet social needs related to feeding and swallowing:

Other psychosocial history:

Feeding and Swallowing Skill History

When did the feeding and/or swallowing problems start?

Previous instrumental swallowing evaluations (dates and results):

Previous clinical feeding evaluations (dates and results):

Previous developmental strategies used during feeding and their effectiveness:

Caregiver self-reported competence with implementation of strategies:

Current Feeding and Nutritional Status

Primary route of nutrition:

Current solid and/or liquid recommendations and child preferences:

Oral feeding method (e.g., bottle and nipple system, type of cup):

Developmental strategies attempted and/or recommended:

Level of support needed during feeding (e.g., caregiver assistance, positioning aids):

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

Instrumental Assessment Findings

Study results:

Feeding recommendations (including solid and liquid textures, feeding method):

Swallowing precautions and strategies:

Prognosis for feeding and swallowing recovery:

Other recommended referrals:

Patient and/or caregiver education completed (please describe):