

PREFERRED ZONE

☐ Eastern Urban ☐ Eastern Rural ☐ Western ☐ Central ☐ Labrador-Grenfell

POPULATION YOU ARE REFERRING

☐ Adult Speech Language Pathology ☐ Pediatric Speech Language Pathology

A — ADULT SPEECH LANGUAGE PATHOLOGY (complete if Adult selected above)

Reason(s) for Visit (select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Dysphagia/Swallowing | <input type="checkbox"/> Fluency/Stuttering |
| <input type="checkbox"/> Gender Affirming Care | <input type="checkbox"/> Voice | <input type="checkbox"/> Head and Neck Cancers |
| <input type="checkbox"/> Other | | |

If 'Communication' selected:

Does The Patient Have a Neurological Diagnosis?

☐ Yes ☐ No

If Yes — Please Specify:

Date of Diagnosis:

Has The Patient Had Previous Therapy?

☐ Yes ☐ No ☐ Unknown

Primary Communication Concern(s) (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Difficulty Organizing and Expressing Ideas | <input type="checkbox"/> Difficulty Pronouncing Words/Difficulty Being Understood |
| <input type="checkbox"/> Difficulty Understanding | <input type="checkbox"/> Difficulty with Word Finding |
| <input type="checkbox"/> Low Volume | <input type="checkbox"/> Other |

If 'Dysphagia/Swallowing' selected:

History of Recurrent Pneumonia (Chest Infections)?

☐ Yes ☐ No

History of Choking Episodes with Airway Blockage?

☐ Yes ☐ No

Primary Concern(s) Regarding Dysphagia/Swallowing (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Coughing When Eating/Drinking | <input type="checkbox"/> Difficulty Chewing |
| <input type="checkbox"/> End of Life/Palliative | <input type="checkbox"/> Experiencing Pain When Swallowing |
| <input type="checkbox"/> Food Sticking in Throat | <input type="checkbox"/> Limited Dietary Intake |
| <input type="checkbox"/> NPO - Assessment for Oral Feeding trial | <input type="checkbox"/> Requesting a Diet Texture Upgrade |
| <input type="checkbox"/> Unintentional Weight Loss | <input type="checkbox"/> Other |

Has a Modified Barium Swallow (MBS) Requisition Been Ordered?

☐ Yes ☐ No (MBS Cannot be Completed Without a Diagnostic Requisition)

Does The Patient Have a Neurological Diagnosis?

☐ Yes ☐ No

If Yes — Please Specify:

Date of Diagnosis:

Has The Patient Had Previous Therapy?

☐ Yes ☐ No ☐ Unknown

Primary Communication Concern(s) (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Difficulty Organizing and Expressing Ideas | <input type="checkbox"/> Difficulty Pronouncing Words/Difficulty Being Understood |
| <input type="checkbox"/> Difficulty Understanding | <input type="checkbox"/> Difficulty with Word Finding |
| <input type="checkbox"/> Low Volume | <input type="checkbox"/> Other |

If 'Voice' selected: (Adult SLP — continued from page 1)**Does the Patient Have a Vocal Fold Pathology Diagnosed or Suspected?**

☐ Yes ☐ No ☐ Unknown

If Pathology is Suspected, Has The Patient Been Referred to ENT?

☐ Yes ☐ No (Please Send a Referral to ENT) ☐ Unknown

Is Their Voice Affecting Their Quality of Life?

☐ Yes ☐ No ☐ Unknown

Is This Referral for Pre/Post Vocal Surgery Care?

☐ Yes ☐ No

Comments (Adult):

B — PEDIATRIC SPEECH LANGUAGE PATHOLOGY (complete if Pediatric selected on page 1)**Reason(s) for Referral (select one):**

☐ Feeding/Swallowing ☐ Newborn Hearing Screening ☐ Other

Patient's Age:

If patient is between the ages 0-5 years, please use Community Referral to Developmental Intake [REF404].

If patient is between the ages 5-18, please continue.

If 'Feeding/Swallowing' selected:**Concerns Noted (select all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> Concerns with Growth/Weight gain | <input type="checkbox"/> Coughing/gagging with food/liquid |
| <input type="checkbox"/> Difficult with Texture Progression | <input type="checkbox"/> History of NG/G-Tube |
| <input type="checkbox"/> Limited Variety of Foods | <input type="checkbox"/> Restricted Intake |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Other |

Please Specify:

Has a Modified Barium Swallow (MBS) Requisition Been Ordered?

☐ Yes ☐ No (MBS Cannot be Completed Without a Diagnostic Requisition)

Comments:
