

SLP-to-Staff Dysphagia Testing Request Communication Form:

The SLP has checked all that apply and tallied the number of checks in the bottom row to indicate the most appropriate instrumental assessment for this patient based on the results of the clinical swallow evaluation.

Patient name: _____ Date: _____

Instrumental Assessment requested: FEES / MBS / Barium swallow

<input type="checkbox"/> Oropharyngeal deficits <input type="checkbox"/> Need to assess for aspiration and/or residue <input type="checkbox"/> Concerns for laryngopharyngeal reflux <input type="checkbox"/> Change in patient's vocal quality is noted or reported <input type="checkbox"/> Patient fatigues when eating <input type="checkbox"/> Patient shows atypical eating behaviors, impulsivity and/or needs to be assessed in unlimited self-feeding scenario <input type="checkbox"/> Patient's respiratory coordination is a concern <input type="checkbox"/> Patient is challenging to position upright or difficult to transport <input type="checkbox"/> Patient has difficulty managing secretions or has chronic cough/persistent vocal wetness <input type="checkbox"/> Patient may or may not follow commands	<input type="checkbox"/> Oropharyngeal deficits <input type="checkbox"/> Need to assess oral stage <input type="checkbox"/> Need to assess for aspiration and/or residue <input type="checkbox"/> Fatigue at meals is not a concern <input type="checkbox"/> Patient complains of globus sensation or pain when swallowing <input type="checkbox"/> Patient history of Zenker's diverticulum <input type="checkbox"/> When asked to reference where food is stuck, patient points to neck area <input type="checkbox"/> Patient adjusts well to new environments <input type="checkbox"/> Patient is easily transported <input type="checkbox"/> Patient can follow commands	<input type="checkbox"/> Esophageal deficits <input type="checkbox"/> Need to assess esophageal motility <input type="checkbox"/> Complaints of reflux <input type="checkbox"/> Patient history of esophageal stricture, achalasia, hiatal hernia <input type="checkbox"/> When asked to reference where food is stuck, patient points to chest area
FEES*	MBS*	Barium Swallow*

Requesting Therapist: _____

Notified Nursing Supervisor and/or Rehab Director
(name): _____

*Use of this form and selection of any of the above instrumental procedures does not imply endorsement of any company, agency, or hospital. The decision to request any instrumental procedure is made based on a clinical assessment and the patient's need. Companies, agencies, or hospitals identified as service providers are selected based upon area availability.