

DYSPHAGIA REFERRAL and INTAKE FORM

NAME: _____ DOB: _____

MRN: _____

A **Videofluoroscopic Swallow Study (VFSS)** is a swallowing x-ray completed by a Speech Language Pathologist in the Imaging Department and assesses the **oral** and **pharyngeal** phases of swallowing function.

1. To submit the referral, FAX this form along with relevant reports to 613-544-7461.
2. Using the LUMEO EHR, create a patient order for Diagnostic Imaging – Videofluoroscopic Swallow Study, or fax an Imaging Requisition to accompany this Intake form.

1. Reason for Referral: _____

2. Related Medical History: _____

3. Current Symptoms:

- ☐ Choking on liquids
- ☐ Food going down the wrong way (into airway)
- ☐ Difficulty with chewing and food clearance from the mouth
- ☐ Difficulty clearing food from the throat
- ☐ Gurgly/wet voice quality after eating/drinking
- ☐ Recent/recurrent pneumonia
- ☐ Reduced oral intake/weight loss
- ☐ Other: _____

4. Current Diet: _____

5. Additional Info: (please include relevant details to support triage) _____

Hotel Dieu Hospital, Department of Speech Language Pathology
166 Brock St., Kingston, Ontario K7L 5G2
Tel: (613) 544-3400 Ext. 23195, Fax: (613) 544-7461

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