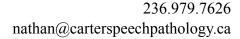


## **Referral for Mobile Evaluation of Swallowing**

(Flexible Endoscopic Evaluation of Swallowing - FEES)

FEES is a low-risk, effective and objective instrumental assessment of swallowing, completed by a certified speech-language pathologist.

Client information and medical history						
Client's name:	PHN:					
Date of Birth:	Address:					
Relevant medical history:						
		Phone:				
Previous swallow diagnosis:						
Family contact name: Family contact phone #:		Client agrees to referral?				
Family doctor: Doctor's fax:						
Client understands that the exam involves passage of a thin endoscope through the nose and feels ready to tolerate for approximately 10-15 minutes?						
Current diet and swallow function						
Current diet: Solids texture: Fluids consistency:						
☐ Tube feed	☐ Progressive illness	Other current concerns:				
☐ Recently home from hospital	☐ Recent pneumonia					
☐ Coughing/choking at meals	☐ Desire upgrade in diet texture					
☐ Considering "at risk" eating	☐ Not eating/drinking enough					





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Are there any contra-indications to nasal endoscopy?						
Any allergy to water-based lubricant? ☐ Yes ☐ No						
Any allergy to foods or food dyes? ☐ Yes ☐ No If yes, please list them:						
Referral source:	Role:	Phone:				

Please include copies of:

- ▶ Any previous SLP clinical/bedside/instrumental exam reports, and any relevant GI or ENT reports if available
- List of current medications

If a clinical exam has not previously been completed by an SLP, it will be provided as a part of the FEES exam.

This PDF is form-fillable - please return to <a href="mailto:nathan@carterspeechpathology.ca">nathan@carterspeechpathology.ca</a>

FEES is a privately paid exam and a fee will be charged to the patient. Invoices and receipts are provided, suitable for extended health benefits reimbursement claims.