



## 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

<b>Client's name:</b>	PHN:
Date of Birth:	Address:
Relevant medical history:	Phone:
Previous swallow diagnosis:	
Family contact name: Family contact phone #:	Client agrees to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Current diet and swallow function

Current diet: Solids texture:		Fluids consistency:
<input type="checkbox"/> Tube feed	<input type="checkbox"/> Progressive illness	Other current concerns:
<input type="checkbox"/> Recently home from hospital	<input type="checkbox"/> Recent pneumonia	
<input type="checkbox"/> Coughing/choking at meals	<input type="checkbox"/> Desire upgrade in diet texture	
<input type="checkbox"/> Considering "at risk" eating	<input type="checkbox"/> Not eating/drinking enough	



### Contraindications

Are there any contra-indications to nasal endoscopy? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Typical contraindications would include: agitation, acute cardiac disorders, history of fainting, severe movement disorders, recent nasal or facial trauma, obstruction of both sides of the nose, nose-bleeds.</i>
Any allergy to water-based lubricant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any allergy to foods or food dyes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:

Referral source:	Role:	Phone:
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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 [nathan@carterspeechpathology.ca](mailto:nathan@carterspeechpathology.ca)**

*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.*