



**Medication**

**Referral for:** Swallowing                       Communication

**Please state reason for referral and goal of assessment/therapy:**

Client Name:

NHS Number:

**For communication referrals only:**

**Sudden onset**                       **Gradual decline**

**Current difficulties:**

- Slurred speech
- Difficulty producing words or connected speech / word finding difficulties
- Difficulty comprehending / understanding language / following instructions
- ↓ Voice quality e.g.: hoarse, breathy, soft.

**N.B if client is being referred for specific voice difficulties, they must have had a recent ENT assessment (within 6 months). Please attach report.**

**Please note - we do not accept referrals for dysfluency, hearing loss, developmental dyslexia, dyspraxia, dyscalculia, accent modification and these referrals will be returned.**

**For swallowing referrals only:**

**Sudden onset**  **Gradual decline**

**Current recommendations / oral intake:** Oral intake  Nil by Mouth  PEG

**Diet:**

- Level 7, Regular
- Level 7 Regular; Easy-to-chew
- Level 6, Soft & Bite-sized
- Level 5, Minced & Moist
- Level 4, Puree
- Level 3, Liquidised

**Fluids:**

- Level 0, Thin
- Level 1, Slightly Thick
- Level 2, Mildly Thick
- Level 3, Moderately Thick
- Level 4, Extremely Thick

Please refer to IDDSI framework if unsure - [www.iddsi.org](http://www.iddsi.org)

**Signs of aspiration:**

Coughing on foods      Occasionally (*1-3 times per week*)       Once a day       Every meal

Coughing on fluids      Occasionally (*1-3 times per week*)       Once a day       Every drink

Recurrent, unexplained chest infections      Yes       No

**Choking episodes on food:** Partial or complete obstruction of the airway that may have required back slaps or abdominal thrusts and possible hospitalisation      Yes       No

**Other eating and drinking difficulties:**

- Drooling
- Difficulty keeping food in mouth
- Holding food in mouth
- Effortful Chewing
- Sensation of food sticking in throat
- Other .....

**Thank you for completing this referral. Please ensure all the necessary details have been submitted as this helps us to triage appropriately.**