Reason for Referral:_____ Chest X-Ray _____

Pre-Admit Diet consistency & swallowing function: _____

Current Diet:_____

Precautions/Contraindications:_____

S:

Diagnostic Impressions_____

_____

_____

_____

Recommendations

1. Diet Level:_____
2. Therapy ☐ No therapy ☐ Direct Therapy ☐ Indirect Therapy
3. Plan - Treatment and Compensatory Techniques:
   - ☐ Oral Motor/Bolus Control Tasks
   - ☐ Thermal Stimulation
   - ☐ Oral Stimulation/Oral Facilitation
   - ☐ Laryngeal Elevation Tasks/ Mendelsohn Maneuver
   - ☐ Airway Protection Tasks/ Supre-Glottic Swallow
   - ☐ Vocal Fold Adduction Tasks
   - ☐ Patient/Caregiver/Staff Training
   - ☐ P.O. trial of:_____
   - ☐ Other:_____
   - ☐ Sit at 90° while eating and drinking
   - ☐ Turn head to ☐ Left ☐ Right
   - ☐ Tuck chin while swallowing
   - ☐ Small bites and sips
   - ☐ Take liquids by: ☐ Cup ☐ Spoon ☐ Straw
   - ☐ Multiple Swallows
   - ☐ Alternate solids and liquids
   - ☐ Check for pocketed food
   - ☐ Check for wet/gurgle voice after swallowing- Clear throat/cough as needed
   - ☐ Other:_____
4. Modified Barium Swallow:
   - ☐ Recommended ☐ Not Recommended (explain):_____

5. Prognosis/Rehabilitation Potential_____

Discussed recommendations/treatment plan with: ☐ Patient ☐ Family ☐ Nursing Staff ☐ M.D.

PATIENT/CAREGIVER EDUCATION		
LEARNING NEEDS	**METHODS OF INSTRUCTION**	**EVALUATION OF EFFECTIVENESS**
☐ Safe swallow techniques	☐ Written ☐ Verbal ☐ Demo	☐ Return demo
☐ Compensatory swallow techniques	☐ Diet precautions sign placed	

SHORT TERM GOALS (with time frames)

1. Patient will
2. Patient will

LONG TERM GOALS (with time frames)

_____

_____

Patient/Family agrees to participate in therapy ☐ Yes ☐ No Explain _____

Patient/Family goal(s) _____

DC/PLANS/EQUIPMENT

Signature/Title _____

Patient Identification

HEALTHCARE

☐ Hospital ☐ Hospital

DYSPHAGIA ASSESSMENT NON-INSTRUMENTAL (Speech-Language Pathology)

OBJECTIVE

ORAL MOTOR		WFL	MILD	MOD	SEVERE	PROFOUND
ROM	TONGUE PROTRUSION					
	TONGUE LATERALIZATION					
	LIP PROTRUSION					
	LIP RETRACTION					
STRENGTH	TONGUE RESIST					
	LIP RESISTANCE					

P.O. Trials:

	Consistency					
	Liquids			Solids		
	Thin	Nectar	Honey	Puree	Soft	Solid
Amount and Method of Presentation						
Oral Phase Symptoms: ☐ WFL						
Decreased Mastication/Rotary Chew						
Decreased Bolus Control/Formation						
Decreased Posterior Bolus Propulsion						
Decreased Labial Seal with loss of bolus L, R						
Oral Residue						
Other:						
Pharyngeal Phase Symptoms ☐ WFL						
Multiple Swallows						
Decreased Laryngeal Elevation						
Spontaneous Cough						
Throat Clearing						
Wet Voice Qualify After Swallow						
Wet breath sounds via cervical auscultation						
Other:						

GAG REFLEX ☐ Present ☐ Absent ☐ Delayed

FACIAL SYMMETRY ☐ WNL ☐ Other _____

DENTITION ☐ Functional ☐ Partials/Dentures ☐ Edentulous/Poor ☐ Poor Oral Hygiene ☐ Visible Decay

PAIN Rate (0-10 scale) _____ ☐ None

Comments: _____

VOCAL QUALITY ☐ WFL ☐ Hoarse ☐ Breathy ☐ Harsh/Strained ☐ Wet
☐ Dysarthric/Apraxic ☐ Drooling _____
☐ Dry Swallow ☐ Cough _____

Signature, Title _____ License No.: _____ Date _____ Time _____ Duration _____

HEALTHCARE

☐ Hospital ☐ Hospital

DYSPHAGIA ASSESSMENT NON-INSTRUMENTAL

Patient Identification