Guidelines for Referring to Speech-Language Pathology (SLP) Services

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ADULT HOME HEALTH CARE

Patient's Name: _

Referring Professional: ___

INSTRUCTIONS: I hrough medical record review, clinical observation, screening, and/or information you have gathered from patients or their families/care partners, determine the answer to each question as YES (y) or NO (If there are one or more YES (y) answers, please refer the patient to SLP.		
General Medical Status		
Has there been a recent observed or reported change in the individual's independence as it relates to thinking, communication, language, speech, and/or swallowing?	у	n
Does the individual have an observed or reported history of chronic respiratory illness?	У	n
Does the individual have an observed or reported history of recent weight loss, or does the individual have a recently placed feeding tube or alternate means of nutrition?	у	n
Does the individual have a tracheostomy tube, have a laryngectomy stoma, or need a ventilator to breathe?	У	n
Swallowing Deficits		
Does the individual lose food and/or liquid out of their mouth when eating or drinking?	у	n
Does the individual pocket food, liquids, and/or pills?	У	n
Does the individual cough or choke when eating and/or drinking, or when taking pills?	У	n
Does the individual complain of pain when swallowing?	У	n
Does the individual need modified food or liquid consistencies due to difficulty swallowing?	У	n
Cognitive-Communication Deficits		
Since the individual's most recent illness, do they have difficulty completing routine tasks to function in the current environment as a result of changes in thinking, communication, and reading and writing skills?	У	n
Does the individual have difficulty recognizing familiar people or remembering personal information or daily events?	У	n
Does the individual have difficulty communicating wants and needs adequately?	У	n
Does the individual have difficulty following commands to complete necessary tasks?	У	n
Does the individual have difficulty speaking clearly enough to be understood by an unfamiliar person?	У	n

This tool is to be used as a guide for determining the need for referral of an adult to speech-language pathology services (SLP) in the home health care setting. Please note that this is a referral tool only. It is to be used by non-SLP providers to determine the necessary SLP follow-up services. It is not to take the place of a comprehensive assessment of thinking, language, speech, or swallowing.