

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



SKILLED NURSING FACILITY ● ● ● ● ● ●

This is a screening tool to be used as a guide for determining the need for referral to speech-language pathology services. Please note that this is a referral tool only and is to be used by non-SLP providers to plan for necessary follow-up. It is not to take the place of a comprehensive assessment of thinking, language, speech, or swallowing.

Date: _____

Patient's Name: _____

Referring Professional: _____

INSTRUCTIONS

PART I:

Through clinical observation and/or interview of the individual and their family or caregivers, determine the answer to each question as **yes** (y) or **no** (n). If there are one or more **yes** answers, please refer to speech-language pathology services.

PART II:

Through clinical observation and/or interview of the individual and their family or caregivers, determine the answer to each question as **yes** (y) or **no** (n). If there are one or more **no** answers, please refer to speech-language pathology services.

PART I

Please choose YES or NO for all questions below. If one or more questions are answered as YES (y), please refer to speech-language pathology.		
General Medical Status		
Has there been a recent observed or reported change in the individual's independence as it relates to thinking, communication, and/or swallowing?	y	n
Does the individual have an observed or reported history of chronic respiratory illness?	y	n
Does the individual have an observed or reported history of recent weight loss?	y	n

PART II

Please choose YES or NO for all questions below. If one or more questions is answered as NO (n), please refer to speech-language pathology.		
Swallowing		
Can the individual eat/drink without losing food/liquid out of the mouth?	y	n
Can the individual eat/drink without pocketing or holding food/liquid in the mouth?	y	n
Does the individual eat foods without coughing/choking?	y	n

Does the individual drink liquids without coughing/choking?	y	n
Can the individual take medications orally without coughing/choking?	y	n
Can the individual maintain a healthy weight?	y	n
Communication		
Can the individual communicate simple wants/needs?	y	n
Can the individual understand simple yes/no questions?	y	n
Can the individual follow commands to complete necessary tasks?	y	n
Does the individual use the correct names for objects, actions, and people?	y	n
Does the individual respond appropriately in social interactions?	y	n
Is the individual's face symmetrical and without visible weakness?	y	n
Is the individual able to speak clearly enough to be understood by an unfamiliar person?	y	n
Can the individual hear well enough to participate in a conversation?	y	n
Cognition		
Does the individual respond to noises and people in the environment?	y	n
Can the individual remember daily events?	y	n
Is the individual oriented to why they are in the facility?	y	n
Can the individual recognize familiar people?	y	n
Can the individual recognize when there is a problem and ask for help?	y	n
Does the individual understand and follow safety precautions for walking/transfers?	y	n
Can the individual manage their own medications without assistance?	y	n
Can the individual recall the appropriate sequence to complete activities of daily living?	y	n



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