

A. Preliminary Information

Reason for referral: _____

Chronological age (Adjusted age): _____

Primary caregiver: _____

Informant for evaluation: _____

Primary language: _____ Interpreter

Family concerns _____

Barriers to learning: _____

B. Background Information

B1. Summary

Medical team (physicians, dentists, etc...):

Ancillary care team (nursing, therapists, etc...):

Previous Hospitalizations:

Previous Surgeries:

Medications:

Allergies/Intolerances:

Cultural preferences relevant to feeding:

B2. Birth History

- Complications during pregnancy: _____
- Delivery:
 - Vaginal Cesarean-section: (reason) _____
 - Single Birth Multiple Birth: (define) _____
 - Complications during delivery: _____
- Term Preterm: _____(weeks/days)
 - NICU: (describe) _____
- Birth weight: _____
- APGAR Scores: ____ @ 1m, ____ @ 5 m, ____ @ 10 m

B3. Congenital malformations, deformations, and chromosomal abnormalities
Details: _____

B4. Conditions/Disorders/Diseases of the nervous system
Details: _____

B5. Conditions/Disorders/Diseases of the circulatory system
Details: _____

B6. Conditions/Disorders/Diseases of the respiratory system
Details: _____

B7. Conditions/Disorders/Diseases of the digestive system
Details: _____

B8. Conditions/Disorders/Diseases of the musculoskeletal system and
connective tissue
Details: _____

B9. Neoplasms
Details: _____

B10. Mental, behavioral, and neurodevelopmental disorders
Details: _____

B11. Injury, poisoning and other consequences of external causes
Details: _____

B12. Hearing impairment: _____

B13. Visual impairment: _____

B14. Diagnostic procedures completed (dates & results)
 MBS/VFSS: _____
 FEES: _____
 pH/Impedance probe: _____
 Upper GI: _____
 Gastric emptying/Milk Scan: _____
 Other: _____

B15. Swallowing/Feeding & Nutrition History

Breastfeeding:

Bottle feeding:

Other:

Alternate feeding methods (tube feeding, parenteral nutrition, etc...)

History of:

- Dehydration
- Poor Weight Gain
- Coughing/choking during or after drinking
- Gagging/vomiting during or after drinking
- Wet vocal quality during or after drinking
- Pain/discomfort during or after eating/drinking

Details: _____

C. Evaluation Information

- Bottle & Type of fluid: _____ Breast
Average number and length of feedings: _____
People who feed infant: _____
Position(s) for feeding: _____
Volume (daily intake): Formula: ____ Expressed breast milk: ____
 Sensory preferences: _____
 Infant drinks other fluid from bottle (i.e. water): _____
 Modifications to fluid: _____
 Use of additives or supplements: _____

Before assessment:

State: _____ Respiratory Rate: _____
Oxygen saturation: _____ Pain Assessment: _____

Assessment

Oral Motor/Peripheral

All structures observed Yes No

List structures not observed: _____

All structures within expected limits for age, sex, race: Yes No

Details if no: _____

Movement patterns, tone, and reflexes are appropriate for age

Yes No

Details if no: _____

Non-Nutritive Suckling: Adequate Impaired Not assessed

Describe: _____

Oral sensory response

Functional Signs of hypersensitivity Signs of hyposensitivity

Describe: _____

Adequate secretion management: Yes No

Describe if no: _____

Phonation: Functional Impaired Not applicable (i.e. trach)

Describe if impaired: _____

Signs of stress during assessment: Yes No

Describe if yes: _____

Oral Feeding:

Feeding position: _____

Length of time spent feeding: _____

Liquids trialed: _____
Fed by: Self Caregiver Clinician
Drank from: Breast Bottle Other: _____
Sucking/Drinking skills were appropriate for age: Yes No
Details if no: _____
Compensatory strategies trialed: _____
Results of compensatory strategies: _____

- Concern for pharyngeal phase dysfunction: _____
- Concern for esophageal phase dysfunction: _____

Oral sensory response:
 Functional Signs of hypersensitivity Signs of hyposensitivity
Comments: _____

After assessment:

State: _____ Respiratory Rate: _____
Oxygen saturation: _____ Pain Assessment: _____
Other observations: _____

D. Clinical Summary

(Patient name) is a (age) (gender) that presents with
(functional/dysfunctional) oral feeding skills characterized by _____.
Prognosis for safe oral intake: Good Fair Poor
Prognosis for adequate oral intake: Good Fair Poor
Strengths: _____
Concerns: _____

Diagnosis/ICD10:

- Dysphagia, unspecified R13.10
- Dysphagia, oral phase R13.11
- Dysphagia, oropharyngeal phase R13.12
- Other: _____

Recommendations:

- Continue oral feeding, no modifications
- Continue oral feeding with the following modifications: _____
- Instrumental evaluation of swallow function
 - MBS/VFSS FEES
 - Other: _____
- Feeding therapy (see plan of care)
- Refer to
 - Registered dietitian Gastroenterologist
 - Pulmonologist Developmental pediatrician

- Other: _____
- Additional recommendations: _____

Plan of care:

Speech therapy intervention (is/ is not) recommended for (number of times/ week) for (time of sessions, such as 30 minutes) as tolerated for at least (number of weeks/months). Interventions include but are not limited to the following:

Long term goals: _____

Short term goals: _____

- Education provided to family regarding results, recommendations, and plan.
- Barriers to learning: _____
- Family demonstrated understanding of results, recommendations, and plan.
- Reinforcement needed: _____