REFERRAL FORM
UBC Hospital Outpatient Swallowing Clinic

UBC Hospital
2211 Wesbrook Mall
Vancouver, BC V6T 2B5

Telephone: 604-822-7185 or
604-822-7255
Fax: 604-822-7903

Patient Information:

Name:		**PHN#**	
Address:		**Contact Person**	
		Phone #:	
DOB: dd/mm/yr		**Relationship:**	
Phone #:			
Method of Transportation: ☐ **Drive Self** ☐ **Driven** ☐ **Taxi** ☐ **Bus** ☐ **HandiDart** **(please check one ☑)**			

Medical Information:

Diagnosis/Medical History:	
Pertinent Medications:	
Mobility:	☐ **Independent** ☐ **Requires Assistance** ☐**Wheelchair dependent** **(please check one ☑)**
Current Diet:	☐ **Regular** ☐ **Chopped/Minced** ☐ **Pureed** **(please check one ☑)**
Fluids:	☐ **Regular,thin** ☐ **Nectar-thick** ☐ **Honey-thick** ☐ **Pudding-thick** **(please check one ☑)**
Nutrition:	☐ **Oral** ☐ **Tube Feeding** ☐ **Both oral & tube feed (please check one ☑)**

Reason for Referral: (please check ☑ all that apply)

- ☐ **Recent hospitalization for pneumonia**
- ☐ **Chronic respiratory problems/ongoing chest infections**
- ☐ **Coughing, gurgly voice/breathing before, during or after meals**
- ☐ **Sudden, unexplained weight loss (>5% wt in 1 month)**
- ☐ **Difficulties chewing or moving food/drink in mouth**
- ☐ **Sudden change in eating/drinking pattern**
- ☐ **Progressive neurological condition**
- ☐ **Other neurological conditions**
- ☐ **Choking episodes/High risk for choking**
- ☐ **Dehydration/symptoms of dehydration**
- ☐ **concerns of aspiration**
- ☐ **Recurrent vomiting/emesis**
- ☐ **Complaints of food sticking in mouth/ throat**
- ☐ **Diet texture or fluid consistency upgrade**
- ☐ **Recent Brain Injury, eg: CVA, TIA, TBI**
- ☐ **Gastroesophageal Reflux (GERD)**

Please provide details: **(eg, previous dysphagia, intervention, related health issues)**

Please provide consultation notes if available.

☐ **Urgent/Priority Referral: Rationale:** _____

***Physician Signature:**_____ **Billing #:** _____

Name: (Pls Print)		**Phone:**	
Address:		**Fax:**	

Referral Source:

Name:		**Title:**	
Address:		**Phone:**	