

## FEEDING AND SWALLOWING CLINIC – PAEDIATRICS PHYSICIAN'S REQUEST FOR FEEDING AND SWALLOWING EVALUATION

Name:	Sex: 🗆 M 🛛 F	Date of Birth:
Address:	City:	Postal Code:
Phone:	Health Card Number:_	
Medical Diagnosis (if applicable):		
Current medications and/or vitamins:		
Please describe the presenting problem regarding feeding/swallowing:		
Previous medical work–ups performed regarding feeding/swallowing problem (i.e. GI test, consultations, reports). Please forward copies if available.		
Referring physician:	Billing Numb	per:
Address: Phone:		Fax:
Name of the family doctor if different from the referring physician:		
Signature:	Date:	

For the Feeding and Swallowing Clinic visit, the child will be reviewed by a team which may include a paediatrician, dietitian, and an occupational therapist.

## Referrals are appropriate for the following:

- Oral motor dysfunction impacting breast/bottle feeding, oral solids (difficulty sucking, chewing, swallowing, gagging, and coughing).
- Unable to meet nutrition needs resulting in poor weight gain due to oral dysfunction.
- Severe gastroesophageal reflux disease (GERD), frequent spitting up.
- Poor progress to age-appropriate textures.
- Patients with high-risk of aspiration. Noisy breathing or gurgly voice before, during or after drinking and/or eating.
- Difficulty with transitioning from enteral tube feed to oral feeding nasogastric (NG) tube or gastrostomy (G) tube.

## **Exclusion criteria:**

Lakeridge Health does not have clinical expertise to service behavioural issues, mental health, or parent/child interaction difficulties related to poor feeding/nutrition.

Lakeridge Health does not offer video feeding and swallowing studies. Please redirect to local hospitals who offer this service. Please consider the Hospital for Sick Children or Holland Bloorview Kids Rehabilitation.

For the sole purpose of nutrition/dietitian consultation or picky eating, the child should be referred to a community dietitian or their family doctor.

