

Western Health  
Speech Pathology Outpatient Dysphagia  
Clinic Referral

Sunshine Hospital

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

Western Health UR (if known): \_\_\_\_\_

Please fax referral to Referral Management Centre: (03) 8345 6856 or email to [outpatients@wh.org.au](mailto:outpatients@wh.org.au)  
For enquiries, please contact Speech Pathology on: (03) 0403 082 239

Date of referral: \_\_\_\_\_

**Patient details**

Primary Language: \_\_\_\_\_ Interpreter Required: Yes  No

**Primary contact regarding appointment:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Past medical history: \_\_\_\_\_

Other relevant information (if applicable e.g. social history, communication status, mobility, seating support):

**Referral details**

**Referrer:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Hospital/agency/clinic: \_\_\_\_\_ Phone/pager: \_\_\_\_\_

Reason for referral/intervention required (including current swallow function, diet/fluids, nutritional status, expected outcome):

**Previous instrumental swallowing assessments and/or relevant investigations:**

VFSS  FEES  Ba Swallow  Report attached

ENT  Gastroenterology/gastroscopy  Other \_\_\_\_\_  Report attached

Summary of findings: \_\_\_\_\_

**Instrumental assessment** (please see descriptions/indicators/contraindicators overleaf)

Please indicate instrumental assessment required:

VFSS  FEES  Either VFSS or FEES as best indicated by Speech Pathology assessment

**Please complete Videofluoroscopic Swallowing Study (VFSS) Approval form below**

**Please complete one of the following options (MANDATORY FOR ALL REFERRALS):**

A Medical Imaging Request form for VFSS has been completed by a Medical Officer and attached.

OR

A Medical Officer has completed the below form:

Please complete a VFSS to investigate swallowing function for the above patient.

Signed: \_\_\_\_\_

Contact details: \_\_\_\_\_

Print Name: \_\_\_\_\_

Provider number: \_\_\_\_\_

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**Considerations for selection of instrumental swallowing assessment:**

Procedure	Indicators	Considerations/ possible contraindications
<p><b>Videofluoroscopy (VFSS)</b></p> <ul style="list-style-type: none"> <li>• Also known as modified barium swallow</li> <li>• A radiographic instrumental assessment of <b>oropharyngeal</b> swallowing function</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected oral and/or pharyngeal swallowing dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to remain upright for feeding for at least 30 minutes</li> <li>• Allergy to barium</li> <li>• Unable to follow instructions due to behavioural difficulties/cognitive impairment</li> <li>• When the risk (i.e. radiation) or patient distress outweighs the benefit of the VFSS (i.e. people who have repeated studies, pregnant women)</li> <li>• Patients with dysphagia of only oesophageal origin</li> </ul>
<p><b>Fiberoptic Endoscopic Evaluation of Swallowing (FEES)</b></p> <ul style="list-style-type: none"> <li>• An endoscopic examination of the <b>pharyngeal</b> stage of swallowing, including secretion management and/or the ability to swallow food and fluids</li> <li>• Involves trans-nasal insertion of a fiberoptic nasendoscope to the level of the oropharynx / hypopharynx</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected pharyngeal phase dysfunction only</li> <li>• Symptoms of reduced secretion/saliva management</li> <li>• Patients who are unsafe for food and/or fluid trials due to high aspiration risk, but who may benefit from assessment of saliva swallows.</li> <li>• Assessing patients who cannot undergo videofluoroscopy (e.g. due to repeated radiation, barium allergy).</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to remain upright for feeding for at least 30 minutes</li> <li>• Severe movement disorders.</li> <li>• Severe agitation and reduced ability to tolerate a nasendoscope or follow instructions</li> <li>• History of vasovagal or fainting episodes</li> <li>• History of severe epistaxis or recent nasal trauma</li> <li>• Recent treatment for head and neck cancer (surgery/chemotherapy/radiotherapy) where mucosal condition may be compromised/traumatised by insertion of the nasendoscope</li> <li>• Obstruction of both nasal passages or significant nasopharyngeal stenosis</li> <li>• Unstable cardiac conditions</li> <li>• Base of skull/facial/nasal fracture/surgery/tumours</li> </ul>