



Speech and Language Pathology Department
Feeding & Swallowing Clinic
Referral Form

Date of Referral: _____
Name of client: _____
Current class & time: _____
Program: EIPIC School GROW
 DAC Outpatient

Date of birth: _____ **Gender:** _____
NRIC / FIN: _____

Diagnosis: _____

Known food allergies: _____

Current doctor (s), if any: _____

Any known Speech Therapy follow up outside of CPAS: No Yes: _____ (please specify)

Parents / Legal Guardian contact details:

Name:	_____	Name:	_____
Relationship:	_____	Relationship:	_____
Contact number:	_____	Contact number:	_____

Current mode of feeding in CPAS

Regular diet (please give some examples of the foods typically fed at school):

Modified diet (E.g. blended food, chopped food, etc) No Yes: _____ (please specify)

Amount fed per mouthful: tablespoon ½ tablespoon teaspoon

Thickened fluid (E.g. Nectar thick, honey thick, etc) No Yes: _____ (please specify)

Brand of thickener used: _____

Use of specific utensils: No Yes (Please specify)

Honey bear bottle Cut out cup Maroon spoon Angled spoon

Spoon with lip block Weighted spoon / fork

Others: _____

Other forms of feeding: NGT feeding Continuous

PEG feeding Bolus

Seating used during feeding at CPAS:

Regular adult chair School wheelchair Own wheelchair

Regular child sized chair Other:

If possible, please specify brand of wheelchair: _____

Any other information:

Feeding behaviours of concern:

Coughing and choking during meals Breathing harder during and after meals

Difficulty swallowing Swallowing solid food without chewing

Food and drink escaping from mouth Food remains in the mouth after meals

Unable to keep head up during meal times Nasal regurgitation

Drooling Stuffing / overfilling mouth

Long meal times (>30 mins)

Persistent spitting up or vomiting during meals

Eating <20 different types of food

Only eating from one food group from the food pyramids

Only eating a single texture across all food choices

E.g. child likes crunchy foods and only eats fries, potato chips, deep fried nuggets, tempura vegetable, etc)

Complete refusal of new / unfamiliar foods

Cries and displays heightened refusal behaviours when regular food is prepared differently and / or when new food is presented

Other reasons for referral:

Referred by:

Name: _____

Contact details: _____

Relationship to client: _____

*Please return this form to the SLP department