Speech and Language Pathology Department
Feeding & Swallowing Clinic
Referral Form

Date of Referral: _____

Name of client: _____

Current class & time (if in CPAS): _____

Program: ☐ EIPIC ☐ School ☐ GROW ☐ DAC ☐ Outpatient (CPAS/Non-CPAS)

Date of birth: _____ **Gender:** _____

NRIC / FIN: _____

Diagnosis: _____

Known food allergies: _____

Current doctor (s), if any: _____

Any known Speech Therapist follow up (in hospitals / other centres): ☐ No ☐ Yes: (please specify) _____

Parents / Legal Guardian contact details:

Name:		Name:	
Relationship:		Relationship:	
Contact number:		Contact number:	
Fully Vaccinated:	☐No ☐Yes (COVID -19)	Fully Vaccinated:	☐No ☐Yes (COVID-19)

Current mode of feeding

Regular diet (please give some examples of the foods typically fed at school or at home.

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 :
☐ 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:

Cerebral Palsy Alliance Singapore

Referred by:	
Name:	
Contact details:	
Relationship to client:	

*Please email this form to slp@cpas.org.sg