# Feeding/Swallow Consults
Referral for Feeding Problems

| Patient Name: | ________________ |
| MRN: | ________________ |

## Clinical Feeding Evaluation – SLP ONLY
- [ ] Gagging; poor texture progression
- [ ] Difficulty chewing
- [ ] No weight gain issues
- [ ] Otherwise normal development

## Feeding Team Evaluation - Multidisciplinary
(Speech pathologist, dietician and GI physician)
- [ ] Poor weight gain
- [ ] Multiple Medical Issues
- [ ] Vomiting related to oral intake
- [ ] Food Refusal/Poor texture progression
- [ ] Progression from tube feeding to oral feeding

## Video Swallow Study – VSS

**** Please use attach form for Video Swallow study

## Relevant Diagnosis and History:

**Outside facility please attach recent MD note, or medical summary**

| Ordering Physician: Print name: | ______________________________ |
| Signature: | __________________ Date: | ________________ |