Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg

Deer Lodge Centre, 2109 Portage Avenue
Winnipeg, Manitoba R3J 0L3
Telephone 204-831-2526 Fax 204-831-2953

Speech-Language Pathology WRHA Adult Outpatients

Referral Form and Information Sheet

Note: Lack of pertinent data **MAY DELAY** the referral process along with scheduling of the patient's appointment. Please complete referral form and include all requested information.

CLIENT INFORMATION

NAME OF CLIENT	PRIMARY LANGUAGE	INTERPRETER REQUIRED ☐ Yes ☐ No
ADDRESS	POSTAL CODE	PHONE NUMBER
DATE OF BIRTH D D M M M Y Y Y Y	HEALTH CARD NUMBER (MHSC)	PHIN / PLEASE CONTACT: ☐ Client ☐ Contact Person
CONTACT PERSON	RELATIONSHIP	PHONE NUMBER

HEALTH PROVIDERS

REFERRAL SOURCE SIGNATURE / PRINTED NAME AND DESIGNATION		FAX NUMBER
ADDRESS	CITY	POSTAL CODE
PRIMARY CARE PROVIDER	PHONE NUMBER	FAX NUMBER

SERVICES REQUESTED

☐ SWALLOWING ASSESSMENT

REASON FOR REFERRAL (check all that apply):

- ☐ Progressive neuromuscular disorder
- ☐ Coughing with intake of food or liquids
- ☐ Food feels stuck in the throat
- ☐ Choking episode(s) requiring abdominal thrusts
- ☐ Recurrent chest infections or pneumonias
- ☐ Significant weight loss related to reduced intake
- ☐ On a modified diet or liquid texture; Assessment requested for safety of diet texture upgrade
- ☐ Receives nutrition via G-tube or J-tube; Assessment requested to determine safety of oral intake
- ☐ Information required to assist with neurological diagnosis
- ☐ Other (specify):

- *Assessment includes clinical assessment with or without Videofluoroscopic Swallow Study (VFSS).*
- *Diagnostic Imaging Exam Requisition **MUST** be submitted with referral form.*
- *Physician or approved provider's signature **REQUIRED** for VFSS.*

☐ COMMUNICATION ASSESSMENT

SERVICES REQUESTED:

VOICE

- ☐ Voice Clinic with ENT & SLP
- ☐ Voice Assessment with SLP (*ENT examination results must accompany referral*)
- ☐ Chronic Refractory Cough (*Investigations to rule out serious underlying cause must be completed prior to SLP treatment – please attach copies of chest imaging, Respirology, ENT reports*).
- ☐ Gender-Affirming Voice Training

NEUROGENIC COMMUNICATION

- ☐ Aphasia
- ☐ Motor Speech
- ☐ Cognitive-Communication
- *Neurogenic communication services are for acquired communication impairments secondary to stroke, brain injury or progressive neurological conditions.*

☐ **STUTTERING**

MEDICAL DIAGNOSIS *(Include date of onset)* and CURRENT MEDICATIONS

RELEVENT IMAGING, SPECIAL TESTS *(Fax copies)*

- ☐ NEUROLOGICAL INVESTIGATIONS: (Neurology report, imaging studies)
- ☐ HEAD/NECK/CHEST IMAGING: (MRI head, neck; CT head, neck, chest; Chest X-Ray)
- ☐ PREVIOUS SLP INVOLVEMENT
- ☐ ENT REPORTS: (Nasoendoscopy; Laryngoscopy; Transnasal Esophagoscopy)
- ☐ GASTROENTEROLOGY INVESTIGATIONS: (Endoscopy; Manometry; Barium Swallow; pH testing)
- ☐ RESPIRATORY REPORTS
- ☐ OTHER: _____

PATIENT IS AWARE AND IN AGREEMENT WITH THIS REFERRAL ☐ Yes ☐ No **Date of Referral:** D D M M M Y Y Y Y

LEGEND: CT - Computed Tomography ENT - Ear, Nose and Throat MRI - Magnetic Resonance Imaging SLP - Speech-Language Pathology VFSS - Videofluoroscopic Swallow Study