

Feeding & Swallowing Assessment Template

Date		Date last seen in clinic	
Name		Chronological Age (adjusted age)	
ID		Attendees	

Reason for referral	
Parental concerns	
Primary diagnosis	
Problem list	<ol style="list-style-type: none"> 1. *** 2. ***

HISTORY

Review of relative systems (asked by MD):

Resp:

- Recurrent pneumonias/aspiration pneumonias (including hospitalizations):
- Recurrent asthma-like symptoms (including response to treatment):
- Recurrent choking/gagging/coughing with foods/liquids
 - With solids (specify texture _____)
 - With liquids (specify consistency _____)

GI:

- BM:
- GERD symptoms (e.g., vomiting, irritability):
- Weight gain (optimal or suboptimal):

GU:

- Voiding:
- H/O dehydration:

CNS:

- Pain/irritability in relation to feeding:
- Development:
- Seizures:

ID:

- Recurrent unexplained fevers

HEENT:

- Sialorrhea (including its treatment):
- Recurrent ear infections:
- Halitosis:

Review of medications and allergies (asked by MD):

- Medications:
- Route of medication administration:
- Known allergies (specify reaction):

Dietary/feeding history (asked by RD):

- Cultural preferences relevant to feeding:
- Routes (and percentage of feeding via each route):
- PO feeding diary (attention to texture):
- Tube feeding diary:
- Last weight:
- Feeding efficiency (duration to finish):

Chewing (asked by OT/SLP):

- Difficulty chewing:

Onset	
Duration	
Progression	
Symptoms indicating difficult chewing	
Type of difficult-to-chew food	

- Other concerns:

Swallowing (asked by OT/SLP):

- Difficulty swallowing:

Onset	
Duration	
Progression	
Symptoms indicating difficult swallowing	
Type of difficult-to-swallow food/liquid	

- Other concerns:

Bottle (asked by OT/SLP):

- Bottle characteristics:

Positioning during feeding (asked by OT/SLP):

- Setting
- Semi-setting
- Supine
- Others (specify):

Oral hygiene (asked by OT/SLP):

- Optimal oral hygiene
- Suboptimal oral hygiene (specify):

Services (asked by OT/SLP):

- Allied health in community:
- Home visits:

INVESTIGATIONS

- Previous swallowing study (date & findings):
- Other relevant investigations:

OBSERVATION

Families are encouraged to bring food and drink common to their household and utensils typically used by the child)

Structural assessment of the face, jaw, lips, tongue, hard and soft palate, oral pharynx, and oral mucosa	
Functional assessment of muscles and structures used in swallowing, including assessment of symmetry, sensation, strength, tone, range and rate of motion, and coordination of movement	

Impression:

- Oral feeding safety:
 - Safe
 - Not safe
 - Needs to be established
- Presumed/confirmed cause of feeding/swallowing problem:

Plan:

Recommendations:

1. Positioning during feeding:
2. Feeding schedule:
3. Feeding pacing:
4. Feeding route:
5. Medications:
6. Pleasure:
7. ***

- Need for swallowing study:
- Need for other investigations:
- Need for referrals:

Next follow-up:

- Diagnostics:
- Therapy: