Markham Stouffville Hospital
Oak Valley Health

Speech-Language Pathology
Outpatient Referral - Videofluoroscopic Swallowing Study (VFSS) - Xray

Please fax completed referral to:
Booking Line: 905-472-7078

NOTE: Incomplete and / or unsigned requisitions will not be processed

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

Patient Name (Last, First): _____

Date of Birth (DD/MM/YYYY): _____ Sex: F M

Health Card #: _____ Version Code: _____

☐ WSIB # _____ ☐ Non OHIP (Self-pay) or Refugee

Address: _____ Postal Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Email: _____

Date	Referring Provider		Signature
CPSO #	Billing #	Provider Phone #	Provider Fax #
Preferred Language		Name & number of interpreter to help schedule appointment, if available	

Medical History/Diagnosis (please do not include dysphagia):

Reason for Referral/Current Swallowing Problem (Select ALL that apply):

- ☐ coughing/throat clearing during meals only
- ☐ choking (airway blockage)/Heimlich/EMS when eating
- ☐ nasal regurgitation
- ☐ NPO secondary to oropharyngeal dysphagia
- ☐ rule out aspiration/silent aspiration
- ☐ aspiration observed on other imaging
- ☐ unexplained recurrent pneumonias
- ☐ differential diagnosis for aspiration as cause of chest changes/status
- ☐ history of nasopharyngeal cancer and radiation
- ☐ tube feeding, candidacy for oral intake
- ☐ diet advancement from liquids only
- ☐ progressive neurological disease
- ☐ indicated on clinical swallowing assessment
- ☐ sensation of food/liquid sticking in throat (not esophagus)
- ☐ unexplained significant rapid weight loss
- ☐ diet advancement
- ☐ caregiver education
- ☐ to assist with differential diagnosis
- ☐ difficulty/inability to chew solids
- ☐ unable to swallow food/liquid (stays in mouth)
- ☐ other:

Has the patient had a clinical assessment by a SLP? ☐ Yes ☐ No If yes, was a VFSS recommended? ☐ Yes ☐ No
If yes, please include the SLP report with the referral.
Other details from SLP assessment:

Current food/liquid textures:
Foods/Solids: ☐ NPO ☐ pureed ☐ minced ☐ soft ☐ regular
Liquids: ☐ pudding thick ☐ honey thick ☐ nectar thick ☐ thin (regular)

Medications:

Food allergies:

Additional comments:

This procedure takes approximately 15 minutes (excluding wait time) and requires the patient to sit upright (or stand if able for that length of time). Patient will be ingesting liquids and/or solids mixed with barium.
Is there any reason why your patient cannot tolerate this procedure?

☐ No ☐ Yes, please specify:

Patient and/or Substitute Decision Maker has consented to this procedure: ☐ Yes ☐ No

Markham Stouffville Hospital Outpatient Referral Videofluoroscopic Swallowing Study (VFSS) Information and Referral Checklist

Is a VFSS right for your patient?

- It is usually recommended for patients as an adjunct to a clinical swallowing assessment by a Speech-Language Pathologist (SLP).
- If your patient requires a clinical assessment, please contact your Local Health Integration Network (LHIN) at 1-888-470-2222 and request an SLP referral for swallowing. The LHIN SLP will arrange the VFSS referral if it is indicated. Please note that there are specific eligibility requirements that may exclude your patient from accessing this service.

Here are a few key details:

- Takes approximately 15 minutes (excluding wait time)
- Requires the patient to sit upright (or stand) for that length of time
- Requires the patient to ingest liquids and/or solids mixed with barium

If you would like to make a VFSS referral:

- ☐ Complete the "Outpatient Referral - Videofluoroscopic Swallowing Study (VFSS) - Xray" form
- ☐ Attach/include any SLP clinical swallowing assessment reports (if available)
- ☐ Get consent from the patient or substitute decision maker (SDM) and explain the reason for the referral and that it is a radiographic procedure

Please fax the completed form to Booking Line at 905-472-7078

If the referral form isnot completed, signed, and dated, please note that we will not process the referral.

After you have sent the complete referral:

- If your patient is appropriate for a VFSS, he or she will be contacted by the Booking Department with appointment details. If you or your patient need information about the appointment date/time or need to cancel/change an appointment date/time, please contact 905-472-7373 x7020.
- The wait list for your patient's VFSS can vary depending on the number of referrals and priority guidelines that the SLPs use to triage referrals.
- Once the VFSS report is completed, you (and any other physicians you have requested) will receive a copy by fax from the SLP
- If you have specific questions about the procedure or the results, you can contact the SLP by telephone. The contact information will be included in the documnent you receive.