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 Physician/Nurse Practitioner	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):

Other Relevant Information/Investigations:

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:

For non-specialist referrals, a clinical swallowing assessment is required.
Has the patient had a clinical assessment by a SLP? ☐ Yes ☐ No
If yes, was a VFSS recommended? ☐ Yes ☐ No
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

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:

For specialist physicians:

- ☐ Please complete and fax completed referral form to Booking Line **AND**
- ☐ Obtain consent from the patient and/or substitute decision maker (SDM) and explain the reason for the referral and that it is a radiographic procedure

For non-specialist physicians and/or Nurse Practitioners (NP):

- ☐ Please complete and fax completed referral form to Booking Line **AND**
- ☐ Please attach **required** accompanying clinical swallowing assessment report **AND**
- ☐ Obtain consent from the patient and/or substitute decision maker (SDM) and explain the reason for the referral and that it is a radiographic procedure

Community clinical swallowing assessments may be obtained via Ontario Health at Home or via private Speech Language Pathology services (https://publicregister.caslpo.com/)

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

If any fields are not completed, are inaccurately completed, or have missing parts/information, please note that we will not process the referral and the referral may get sent back

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 document you receive.