

Western Health  
Speech Pathology Outpatient Dysphagia  
Clinic Referral

Sunshine Hospital

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

Western Health UR (if known): \_\_\_\_\_

Please fax referral to Referral Management Centre: (03) 8345 6856 or email to [outpatients@wh.org.au](mailto:outpatients@wh.org.au)

For enquiries, please contact Speech Pathology on: 0403 082 239

Date of referral: \_\_\_\_\_

**Patient details**

Primary Language: \_\_\_\_\_ Interpreter Required: Yes  No

**Primary contact regarding appointment:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Past medical history: \_\_\_\_\_

\_\_\_\_\_

Other relevant information (if applicable e.g. social history, communication status, mobility, seating support):

\_\_\_\_\_

\_\_\_\_\_

**Referral details**

**Referrer:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Hospital/agency/clinic: \_\_\_\_\_ Phone/pager: \_\_\_\_\_

Reason for referral/intervention required (including current swallow function, diet/fluids, nutritional status, expected outcome):

\_\_\_\_\_

\_\_\_\_\_

**Previous instrumental swallowing assessments and/or relevant investigations:**

VFSS  FEES  Ba Swallow  Report attached

ENT  Gastroenterology/gastroscopy  Other \_\_\_\_\_  Report attached

Summary of findings: \_\_\_\_\_

\_\_\_\_\_

**Please complete Videofluoroscopic Swallowing Study (VFSS) Approval form below**

**Please complete one of the following options (MANDATORY FOR ALL REFERRALS):**

A Medical Imaging Request form for VFSS has been completed by a Medical Officer and attached.

**OR**

A Medical Officer has completed the below form:

Please complete a VFSS to investigate swallowing function for the above patient.

Signed: \_\_\_\_\_

Contact details: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

Provider number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Considerations for instrumental swallowing assessment:

Procedure	Indicators	Contraindications
<p><b>Videofluoroscopy (VFSS)</b></p> <ul style="list-style-type: none"><li>• Also known as modified barium swallow</li><li>• A radiographic instrumental assessment of <b>oropharyngeal</b> swallowing function</li></ul>	<ul style="list-style-type: none"><li>• Suspected oral and/or pharyngeal swallowing dysfunction</li></ul>	<ul style="list-style-type: none"><li>• Unable to remain upright for feeding for at least 30 minutes</li><li>• Allergy to barium</li><li>• Unable to follow instructions due to behavioural difficulties/cognitive impairment</li><li>• When the risk (i.e. radiation) or patient distress outweighs the benefit of the VFSS (i.e. people who have repeated studies, pregnant women)</li><li>• Patients with dysphagia of only oesophageal origin</li></ul>