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**SPEECH-LANGUAGE PATHOLOGY (SLP) Referral**

HSC     SBGH     OTHER

Patient Name:	Patient Contact Information:
DOB:	
PHIN #:	CCMB CR #:
Admission Date:	Discharge Date:
Admission Diagnosis:	
Medical/Surgical Information:	
Trach Size/Information:	Decannulation Date:
Other Relevant Medical History:	

**Referral Reason** (\*Please see referral criteria on reverse):

- |  |  |
|--|--|
| <input type="checkbox"/> Post-surgical follow up | <input type="checkbox"/> New swallowing concern          |
| <input type="checkbox"/> TEP follow up           | <input type="checkbox"/> Patient/family request          |
| <input type="checkbox"/> Trach follow up         | <input type="checkbox"/> New communication/voice concern |
| <input type="checkbox"/> Other: _____            |  |

**Swallowing status:**

Current Diet Texture:  Regular  Soft-Easy to Chew  Minced & Moist  Pureed  Liquidized  Avoids Bread  
 Current Fluid Consistency:  Thin  Mildly Thick (MT2)  Moderately thick (M03)  
 Tube feeding:  NG  PEG  J-tube    Date of Insertion: \_\_\_\_\_

**Communication Status:**

**Comments:**

Referred by: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 (printed name and designation)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROGRAM DESCRIPTION

Outpatient adult SLP service is provided to patients 18 years of age or older. This service includes the assessment and management of effects of surgical, chemotherapy or radiation treatment (acute and late) on speech, swallowing, voice, communication and functional status. This service may be provided before, during and after treatment.

## REFERRAL CRITERIA

- patients with diagnosis of head and neck cancer (includes pre, on and post treatment) – current or remote
- patients with a history of cancer whose swallowing, speech, voice, communication issues may be related to cancer or treatment e.g., patients who have had surgery and/or radiation to the head and upper body (neck, thorax, esophagus)
- referrals are accepted from all CCMB care providers
- referrals from non CCMB care providers (including physician, NP, nurse, SLP, dietitian, or other allied health providers) may be accepted on a case-by-case basis
- self-referrals will be accepted on a case-by-case basis if patient is/ has been under the care of a CCMB physician or seen by CCMB SLP
- *Referrals for cancer patients with known neuromuscular disorders as the primary cause of speech, voice or swallowing difficulties are excluded (i.e., MS, ALS, stroke)*