Print Form

Pediatric Feeding and Swallowing Services Referral Form

Child Youth & Family Health Rehab Services
Queen Alexandra Centre for Children's Health
2400 Arbutus Road Victoria, BC V9B 3A1
Phone: 250-519-6763 or 250-519-6967 Fax: 250-519-6918

Referral date: / / MRN:

CLIENT INFORMATION		
Surname:	First Name:	Middle Name:
PHN:	DOB:	Gender: ☐ F ☐ M
Parent(s)/Legal Guardian name:		
Address:		
City:	Province:	Postal code:
Home #:	Cell #:	Email:
Spoken languages: ☐ English ☐ Other:		Interpreter required: ☐ Y ☐ N
Client/family aware of the referral: ☐ Y ☐ N		

REFERRAL SOURCE		
Name:	Agency:	
Tel #:	Fax #:	Email:
Relationship to client:		

REASON FOR REFERRAL

MEDICAL INFORMATION
Primary diagnosis:
Other medical conditions:

SOCIAL INFORMATION			
☐ No concerns	☐ Followed by social worker	☐ Financial/housing concerns	☐ Family stressors
☐ Emotional distress	☐ Child protection concerns	☐ Child in foster care	☐ Family strengths
Other / comments:			

MEDICAL SUPPORT	NAME AND AGENCY	CONTACT INFORMATION
Physician / pediatrician		
Dietitian		
Occupational therapist		
Physical therapist		
SLP		
Social worker		
Other:		

INCLUDE ALL APPLICABLE AND RELEVANT DOCUMENTATION

Surname:	**First Name:**
DOB:	**PHN:**

FEEDING AND NUTRITION INFORMATION
(current diet order, feeding methods, …)

Feeding method: ☐ Oral ☐ Tube ☐ Combination

Other / comments:

GROWTH AND NUTRITIONAL CONCERNS

☐ No concerns	☐ Poor weight gain or ☐ weight loss	☐ Feeding intolerance
☐ Followed by local dietitian	☐ Excessive weight gain	☐ Poor appetite or ☐ refusal to eat
☐ No known local dietitian	☐ Inappropriate diet for age	☐ Food group restrictions

Other / comments:

MEDICAL AND FEEDING CONCERNS

☐ Food allergies / intolerances	☐ Confirmed impaired swallow	☐ Oral aversions
☐ Frequent respiratory illness	☐ Choking or ☐ coughing with meals	☐ Gagging or ☐ emesis with meals
☐ Texture restrictions	☐ Wet voice with meals	☐ Oral-motor difficulties
☐ Constipation or ☐ diarrhea	☐ Behavioral concerns	

☐ GERD / frequent spit-ups or emesis / arching with meals / crying with meals

Other / comments:

ADDITIONAL INFORMATION OR CONCERNS