Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / *À l'écoute de notre santé*

REFERRAL FOR ADULT OUTPATIENT COMMUNICATION AND SWALLOWING ASSESSMENT

Central Intake:
Speech-Language Pathology (SLP)
Deer Lodge Centre (DLC)
2109 Portage Avenue
Winnipeg, MB R3J 0L3
Tel. (204) 831-2526
Fax (204) 831-2953

Client Information

Last Name: _____ **First Name:** _____

Birth Date: | | | | | | | | | | (D D M M M Y Y Y Y)

Personal Health Identification Number (PHIN): | | | | | | | | | | |

Address: _____ **City/Province:** _____ **Postal Code:** _____

Phone Number: _____

What is client's primary language? _____ **Is an interpreter required?** ☐ Yes ☐ No

Has the client previously been seen by SLP? ☐ Yes ☐ No **Where?** _____

Is client aware of referral? ☐ Yes ☐ No **Family Physician Name:** _____

Referral Information

Referral Date: | | | | | | | | | | (D D M M M Y Y Y Y)

Name and Designation of Referring Provider: _____

Address: _____ **City/Province:** _____ **Postal Code:** _____

Phone Number: _____ **Fax Number:** _____

Signature of Referring Provider: _____

PRIMARY DIAGNOSIS: *(Please include date of onset)*

OTHER MEDICAL PROBLEMS:

X-RAYS, SPECIAL TESTS: *(Please fax copies of relevant assessments)*

Services Requested *(Check all boxes that apply)*

☐ **Swallowing Assessment**

Will include a clinical swallowing assessment and may include a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) or a Videofluoroscopic Swallow Study (VFSS)*

**A Physician's referral is required for swallowing assessments. Please note that the Diagnostic Imaging Exam requisition must accompany referrals for VFSS.*

Communication Assessment

☐ Voice Assessment with SLP
(ENT examination results must accompany referral)

☐ Voice Clinic with ENT

☐ Speech and Language Assessment
- ☐ Stuttering Assessment
- ☐ Aphasia Assessment
- ☐ Motor Speech Assessment

☐ Cognitive-Communication Assessment

☐ Other:

COMMENTS:

Routing Instructions
1. Fax completed form to 831-2953
2. File faxed form in the client's facility health record