

**Paediatric Videofluoroscopic Swallow Study (VFSS) Referral form**

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| **SECTION 1: Patient details** | |
| **Child’s first name** |  |
| **Child’s surname** |  |
| **D.O.B** |  |
| **NHS no.** |  |
| **Address** |  |
| **Parent or Guardian name and contact details**  **Home/Mobile Tel no.** |  |
| **Interpreter required?** |  No  Yes – the language required is |
| **Safeguarding** | Are there any safeguarding concerns?   No  Yes- please give details  Is the child on a Child Protection Plan or a Child in Need?   No  Yes- please give details including social worker contact details  Is the child looked after (i.e. under the care of the Local Authority)?   No  Yes- please give details including social worker contact details |
| **GP Details** |  |
| **Has the child previously had a VFSS?** |  No   Yes – date: Name of hospital:  *Please attach copy of report if not performed at ELCH* |
| **Why are you referring the child for a VFSS?**  ***Clinical question/ concerns*** |  |
| **Is this child known to an Evelina London Consultant?** | Name:  Team: |

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| **Please ensure that you have discussed this referral with the family prior to referring for VFSS** (an appointment will not be offered if this section is not complete) | *Please tick to show discussed* |
| VFSS involves the use of X-rays. Are the parents aware of this and have they consented? | **​​☐​** |
| Have you discussed with the family / child possible outcomes of VFSS and/ or alternative methods of feeding if needed? | **​​☐​** |
| Is the child having a minimum of 30mls orally (food or fluid equivalent)? | **​​ ☐​** |
| Has the VFSS request been discussed and agreed with the leading medical consultant or GP? | **☐** |

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| **SECTION 2: Clinical details** | |
| **Main medical diagnosis/es**  **Relevant medical/ surgery history**  ***This should include all respiratory, gastroenterology, cardiac, renal, metabolic, neurological or other history.***  ***Include details re: trache, O2, infections*** |  |
| **Medications**  ***Please include all relevant medications including gastroesophageal reflux medications*** |  |
| **Allergies and sensitivities**  ***Please include details as an alternative thickening agent or barium contrast may need to considered in advance*** |  |
| **Brief Feeding History**  ***Include current feeding plan/ method, findings and recommendations/ strategies from most recent clinical feeding assessment (attach report if available), self-feeding ability, specialist equipment etc*** |  |
| **Positioning & seating for mealtimes**  ***Please note that head rests may need to be removed for purpose of the study as it may impact on the quality of the images.*** |  |
| **What consistencies is the child currently taking?** |  |
| **What food/ drink (DDSI levels) would you like assessed in the study?** |  |
| **Child’s level of communication**  ***e.g. comprehension level, speech intelligibility, expressive language skills, voice quality and any recent changes to this*** |  |

**Speech & Language Therapy contact details**

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| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Address** |  |
| **Designation** |  |
| **Date** |  | **Email** |  |

**Please note referrals will only be accepted with medical consent.**

**Medical Referrer contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Address** |  |
| **Designation & GMC number. *Please notes that the GMC number is required in line with the new IRMER regulations*** |  |
| **Date** |  | **Email** |  |

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| **Other professionals who should receive copies of the report:**  *Parent/guardians and GP will routinely receive a copy* | |
| Name & Designation | Address |
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**Please complete and return to:**

Laura Baird, Clinical Specialist Speech & Language Therapist, Floor 4, Becket House, Evelina London Children’s Hospital, Westminster Bridge Rd, London SE1 7EH or email completed form to: [laura.baird2@nhs.net](mailto:laura.baird2@nhs.net)

**Contact number:** 020 7188 3992

**Please ensure that all sections of the referral form are completed as incomplete forms may be rejected.**