

Speech and Language Therapy (SLT) Referral For Swallow Assessment of Nursing Home Residents



Resident Name	
Resident Date of Birth	
Nursing Home name	
Name of referrer and job title	
Date of referral	
Telephone number	
Email address	
Medical History	

Consent

Please select as appropriate:

The resident has consented to this referral

The referral has been made in the resident's best interests

Is the resident taking any medication that is affecting their swallow?	Yes	No
*If Yes, please state what form:		
Or causing the following:		
Drowsiness	Yes	No
Dry mouth	Yes	No
*If Yes, please state what form:		

Current diet and fluid regimen Method of intake:	Oral feeding/drinking	Enteral Tube Feeding	Enteral Tube Feeding + Oral Diet
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Current swallow assessment recommendations

Never previously assessed

If previously assessed: SLT name:

Date:

FOOD*	DRINKS*
Level 7: Regular	Level 0: Thin
Level 7a: Easy to Chew	Level 1: Slightly Thick
Level 6: Soft and Bite-Sized	Level 2: Mildly Thick
Level 5: Minced and Moist	Level 3: Moderately Thick
Level 4: Pureed	Level 4: Extremely Thick
Level 3: Liquidised	

* Based on IDDSI (International Dysphagia Diet Standardisation Initiative). www.idssi.org.

Clinical indicators that SLT assessment is required:

Please select:

Difficulty chewing	Drooling of saliva
Coughing on fluids	Holding fluid/food in the mouth
Coughing on food	Choking on food (airway fully/partially obstructed)
Nasal regurgitation	Choking on fluid (airway fully/partially obstructed)
Prolonged feeding time	Recurrent chest infections
Spillage of drinks	Requires backslaps/abdominal thrusts when choking on food and fluids

Is the Dietitian involved?	Yes	No
Is there a history of weight loss?	Yes*	No
*If so please document weight, BMI and MUST Score:		
Is the patient currently eating with acknowledged risk*	Yes	No
Is this patient receiving end of life care?	Yes	No

*Risk feeding is the term used when a patient continues to eat and drink orally despite associated risks from having dysphagia[RCSLT], 2021)

For residents not following SLT recommendations

Please select:

Does the resident have capacity, i.e. can understand, weigh up and communicate (verbally or non-verbally) the risks of not following recommendations	Yes	No
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NB All health professionals are qualified/have a duty to assess capacity

- If the resident has capacity, it is their right to decline the recommendations. Document your assessment and the resident's decision clearly in the care plan.
- If the resident does not have capacity then the nursing home needs to make/facilitate a 'best interest' decision (involve the GP where necessary).

By sending this referral I understand:

The resident (or referrer if the resident is unable to give informed consent) understands & acknowledges that their personal information will be securely used, stored and shared in order to provide ongoing clinical care.

- The information obtained by this form will be used for the purposes of therapeutic assessment only, it may be shared with healthcare professionals (HCPs) who provide the services in accordance with our agreement with the nursing home. For more information on how we use this data please [click here](#).
- This is not an emergency service.
- Assessments may be carried out remotely or in house by an independent HCP, as decided by the HCP following triage of the referral
- Incomplete referrals will be returned and may delay assessment time.

Referrer Signature:

Date:

Please review the form before signing.

Save this form and send it to:

SLTreferrals@fresenius-kabi.ie

1. Royal College of Speech and Language Therapists (RCSLT). Eating and drinking with acknowledged risks: Multidisciplinary team guidance for the shared decision-making process (adults). September 2021. <https://www.rcslt.org/wp-content/uploads/2021/09/Eating-and-drinking-with-acknowledged-risks-guidance.pdf>. Accessed September 2025.