

**Dynamic Medical Solutions**  
**Dysphagia Medical Work Up - Clinical Evaluation**

**Patient Name:** \_\_\_\_\_ **Medical Diagnosis :** \_\_\_\_\_ **HICN:** \_\_\_\_\_

I have examined the above patient and found him/her to have a swallowing disorder involving the Pharyngeal \_\_\_\_\_ Oral \_\_\_\_\_ Esophageal \_\_\_\_\_ phase/s.

Based on my examination & collaboration with the Speech Pathologist, dysphagia potential is expected to be: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**Describe the patient's level of alertness, motivation, cognition and deglutition:** \_\_\_\_\_

**Check if the following conditions are present:**

**History of:** Aspiration problems \_\_\_\_\_  
Aspiration pneumonia \_\_\_\_\_

**Define RISK for:** Aspiration \_\_\_\_\_ Nasal Regurgitation \_\_\_\_\_  
Reverse Aspiration \_\_\_\_\_ Choking \_\_\_\_\_  
Chronic Aspiration \_\_\_\_\_ frequently coughing up food during swallow \_\_\_\_\_  
Nocturnal Aspiration \_\_\_\_\_ delayed or slow swallow reflex \_\_\_\_\_  
Aspiration Pneumonia \_\_\_\_\_ wet or gurgly vocal quality after swallowing liquids/solids \_\_\_\_\_

**Presence of motor disorders such as:** drooling \_\_\_\_\_  
oral food retention \_\_\_\_\_  
leakage of food or liquids placed in mouth \_\_\_\_\_

**Impaired salivary gland performance** \_\_\_\_\_

**Presence of local structural lesions in the pharynx resulting in marked oropharyngeal swallowing difficulties** \_\_\_\_\_

**Postural difficulties:** incoordination \_\_\_\_\_  
sensation loss \_\_\_\_\_  
other neuromotor disturbances affecting oropharyngeal abilities necessary to close the buccal cavity and/or bite, chew, suck, shape and squeeze the food bolus into the upper esophagus while protecting the airway \_\_\_\_\_

**Post-surgical reaction effecting ability to adequately use oropharyngeal structures in swallowing** \_\_\_\_\_

**Significant weight loss directly related to non-oral nutritional intake and/or reaction to textures/consistencies** \_\_\_\_\_

**Existence of other conditions such as:**

Presence of feeding tube \_\_\_\_\_  
Presence of tracheostomy tube \_\_\_\_\_ reduced or inadequate laryngeal elevation \_\_\_\_\_  
Cricopharyngeal dysfunction \_\_\_\_\_ reduced or inadequate labial closure \_\_\_\_\_  
Reduced or inadequate laryngeal closure \_\_\_\_\_ reduced or inadequate velopharyngeal closure \_\_\_\_\_  
reduced or inadequate epiglottic inversion / excursion \_\_\_\_\_

**Comments/Other findings:** \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Speech Pathologist Signature

\_\_\_\_\_  
Date