Mather Hospital • 75 North Country Road, Port Jefferson, N.Y. 11777

PLEASE PRINT

Patient's Name: ______________________ **DOB:** ______________
Address: ____
Preferred Contact Phone #: ______________ **2nd Contact Phone #:** ______________
Who is filling out this form: ______________ **Relationship to patient:** ______________

Describe the swallowing problem: ____
____
____

- Onset of swallowing problem: ❑ Gradual ❑ Sudden ❑ Past few weeks ❑ Past few months ❑ 6 - 12 months ❑ Over ____ years
- Has the problem changed over time? ❑ Improved ❑ Gotten worse ❑ Same
- Have you received previous swallowing evaluations and/or treatment? ❑ No ❑ Yes If yes, list dates, name, location and phone number (if available):

____
____
____

Please describe the consistency of foods and liquids you are currently eating:
❑ Regular/ solid foods ❑ Cut up or soft foods ❑ Finely chopped ❑ Puree ❑ Thin liquids
❑ Nectar thick liquids ❑ Honey thick liquids
❑ Other: ____

Do you have a feeding tube? ❑ No ❑ Yes (date placed): ______________________
Amount/type of feeding per day:
- Have you had a recent weight loss? ❑ No ❑ Yes __ # of lbs. over __ weeks/ mos.
- Describe your appetite: ❑ Good ❑ Fair ❑ Poor
- Do you have dietary restrictions or eliminated any foods from your diet? ❑ No ❑ Yes (Please state restrictions) ______________________
- Food Allergies ❑ No ❑ Yes ______________________

Please describe any management strategies you are using to swallow your current diet:
____
____

- Length of meal time: ❑ < 20 minutes ❑ 20 - 30 minutes ❑ > 30 minutes
- Do you require any assistance with your meals? ❑ No ❑ Yes (describe)

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- Do you wear dentures? ❑ No ❑ Yes Circle: Upper/ Lower/ Partial
- What is your current physical status? ❑ Walk independently ❑ Cane ❑ Wheelchair ❑ Walker
- Can you support: your upper body? ❑ No ❑ Yes Head? ❑ No ❑ Yes
- Please describe your voice: ❑ Normal ❑ Hoarse ❑ Breathy ❑ Weak ❑ No voice

ADULT SPEECH-LANGUAGE PATHOLOGY SWALLOWING CASE HISTORY

Medications Continued

Medication	Dosage	# Times Taken/Day	Reason for taking