



0300007

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

SPEECH-LANGUAGE PATHOLOGY FEES EXAMINATION

Date: _____ Time: _____ Referring MD: _____

Diagnosis/History: _____

Nutritional Status: _____

Cognitive Status: _____ A/O: _____

Dentition: _____

Respiratory Status:

WFL Impaired (if checked fill out below)

SP02 _____ via _____ Respiratory rate: _____

Trach: Yes No Ventilator: Yes No

Size: # _____ Ventilator setting: _____

Fenestrated Unfenestrated Active weaning: Yes No

Cuffed Cuffless Capped

Inflated cuff Deflated cuff Date intubated: _____

Speaking valve Type: _____ Date extubated: _____

Other: _____

Oral Motor Status: _____

Anesthesia administered: Yes No

If Yes: Type of anesthesia used: _____ Anesthesia reactions: Yes No

Scope passed through: Left nares Right nares

Palatal movement: WFL Abnormal

Appearance of Hypopharynx at Rest:

General appearance of hypopharynx: WFL Narrow AP Other: _____

Lateral channels/pyriforms: WFL/Symmetric Larger on Right Left Shallow/Small

Epiglottis:

- Shape/Size WFL Omega Other: _____

- Position/Symmetry WFL Rests against tongue Other: _____

Arytenoids:

- Appearance WFL Erythematous Other: _____

- Position/Symmetry Symmetric Right deviates to midline Left deviates to midline

Posterior Commissure:

- Appearance WFL Erythematous/Edematous Other: _____

- Position/Symmetry WFL Right deviates to midline Left deviates to midline

True Vocal Folds:

- Appearance WFL Abnormal (describe): _____

- Position/Symmetry (at rest) WFL Paramedian right Paramedian left

Median left Median right Other: _____

Other notes about appearance of hypopharynx: _____

Secretions:

Consistency: Normal/Clear Foamy/White Thick/Tenacious Thick/Yellow

Other: _____

Amount of secretions in lateral channels/pharyngeal walls: WFL Excess

Secretions pooled in laryngeal vestibule: Yes No

Evidence of sub-glottic aspiration of secretions: Yes No

Patient reponse to secretions: WFL Attempts to clear Insensitive N/A

Vocal Fold Adduction/Abduction:

Adduction of True vocal folds: WFL/Complete Incomplete

Adduction of False vocal folds: Yes No

Abduction of True vocal folds: Normal Reduced Left
 Reduced Right Reduced Both

Cough: _____

Voice: _____

Other: _____

Sensations:

Patient response to presence of excess secretions, residue, or penetration of food or liquid

Normal Sensation Reduced Response No Response N/A

Patient response to presence of scope: Normal/Sensitive No Response

Sensation Other: _____

Consistencies trialed:

Oral Phase	Yes	No	Comments
Premature Spillage			
Oral Residue			
Labial Spillage			
Prolonged Oral Prep			

Pharyngeal Phase	WFL	min	mod	severe	Comments
Vallecular Residue (Right Left)					
Posterior Pharyngeal Wall Residue (Right Left)					
Pyramiform Residue (Right Left)					
Lateral Channel Residue (Right Left)					
Swallow Reflex (Timely Delayed)					
Epiglottic Function					
Upper Esophageal Sphincter Relaxation					

Speech-Language Pathologist (434-924-9916) _____ PIC _____

