Central Texas Speech Pathology Services, Inc.

Swallowing History

1. Please describe the nature of the swallowing problem(s): _____

_____

2. When did the problem(s) begin: _____

3. Has the problem improved at all since it began? ☐ **Y** ☐ **N**

   If yes, please explain: _____

   _____

4. Does the problem(s) only occur with certain foods or liquids? ☐ **Y** ☐ **N**

   If yes, please list which foods or liquids: _____

   _____

5. Does the problem(s) present only at certain times of day? ☐ **Y** ☐ **N**

   If yes, please explain: _____

   _____

6. Has the patient had a video swallowing study? ☐ **Y** ☐ **N**

   If yes, when and where? _____

   What were the findings? _____

   _____

7. Is the patient willing to sign a release so this clinic can obtain a copy of the study findings? ☐ **Y** ☐ **N**

   If yes, patient will be provided with the proper form for signature.