DDD RESOURCE TEAM SPEECH PATHOLOGY CONSULTATION FORM

Please save and email the completed PDF form to *ddd.resourceteam@dhs. nj.gov*

Please direct questions to *ddd.resourceteam@dhs. nj.gov* or call Supervisor Ken Eley at 609-318-3997

NAME: **DOB:**

DATE: **DDD ID#:**

Residential Provider:

Residential Address: **County:**

Contact Person: **Phone:** **Email:**

Day Services Provider: **County:**

Address:

Contact Person: **Phone:** **Email:**

Form completed by: **Title**

Phone: **Email:** **Supervisor:**

Guardian Name: **Guardian Type:** ☐ **Private Guardian** ☐ **BGS**

Is a Speech Language Pathologist (SLP) in the community involved? ☐ **Yes** ☐ **No**

Community SLP: **Phone:** **Email:**

Ambulation Status: ☐ Ambulatory ☐ Non-Ambulatory ☐ Ambulates with assistance

Communication Style: ☐ Vocal Speech ☐ Gestures ☐ Unable ☐ American Sign Language (ASL)

☐ Picture Exchange Communication Systemm(PECS) ☐ Augmentative Alternative Communication (AAC)

Level of Independence during meal time (Select all that apply):

☐ Independent eater ☐ Independent with assistance ☐ Dependent eater ☐ Eats in regular chair ☐ Eats in a wheelchair

RATIONALE FOR CONSULT (check all that apply):

☐ Choking incident (Follow up from an Incident Report)

☐ Assist with understanding swallow studies

☐ Transition between residential settings

☐ Basic sign language

☐ Other/Additional Information (explain):

☐ Train staff on preparing modified food and beverages

☐ Weight loss

☐ Hearing aid care

☐ Unsafe eating behaviors. Choose an item.

N/A

Other:

DYSPHAGIA/ MEALTIME RELATED INFORMATION

☐ Diagnosis of Dysphagia

☐ Positioning Issues

☐ Oral hygiene Issues

Other:

Number of choking incidents in the last 12 months____

☐ Dental Issues N/A

☐ Medications N/A

DIET TEXTURE

☐ Regular ☐ Chopped ☐ Ground ☐ Puree ☐ Other

DRINK/LIQUID CONSISTENCY

☐ Thin/Regular ☐ Nectar/Thick ☐ Honey Thick ☐ Pudding Thick

Please submit the following documents with this form (if available):

☐ Current Service Plan ☐ Prescription for Diet ☐ Recent Swallowing Evaluation

Note: We provide consultative services only. If evaluation and medical services are needed, please contact a community provider.

** Please upload the completed referral to I-record after submission to the Resource Team**