

**Midwestern University – College of Health Sciences
Speech-Language Pathology Program and Speech-Language Institute****Adult Case History: Swallowing Addendum****Instructions**

Please complete this form and bring with you to your first appointment.

Client Information**Date Completed:****Date of Birth:****First (Preferred) Name:****Last Name:****Swallowing Concerns**

Please check all that apply.

- Coughing with food/drinks
- Feeling like food/drinks “get stuck”
- Feeling like food/drinks “come back up”
- Burning sensation with eating/drinking
- Difficulty breathing during or after eating/drinking
- Recent weight loss attributed to difficulty swallowing
- Feeling a “lump in the throat” even when not eating/drinking
- Difficulty chewing or moving food in the mouth
- Other:

Description of concern:**Swallowing History****When did your swallowing symptoms begin?****Were other medical or life events occurring at that time?****Have your symptoms:** • Improved • Worsened • Remained consistent**Please explain:****Are symptoms worse during certain times of the day?** • Yes • No**If yes, please describe:****Are symptoms worse with certain food/drinks?** • Yes • No

If yes, please describe:

Have you ever had a swallowing evaluation/screening?

- Yes
- No

If yes, where and when?

What were the results?

Have you ever had a study that visualized your swallowing with an x-ray or a nasal scope?

- Yes
- No

If yes, where and when?

What were the results?

Have you ever been enrolled in swallowing therapy or are you currently participating in swallowing therapy?

- Yes
- No

If yes, where?

How long?

Please describe services and progress:

Pertinent Medical History

Do you have a history of acid reflux/GERD?

- Yes
- No

If yes, what sorts of treatments are you currently using?

Do you feel your reflux is well managed?

Do you still have symptoms?

- Yes
- No

Do you have a history of esophageal stenosis/strictures?

- Yes
- No

If yes, have you ever had surgery/dilation?

- Yes
- No

If yes, how frequently do you undergo this procedure, and when was your most recent?

Have you ever been diagnosed with aspiration pneumonia?

- Yes
- No

If yes, how many times, and when was your most recent diagnosis?

Do you have a history of COPD or other respiratory disorders?

- Yes
- No

If yes, would you consider your COPD to be worsening?

- Yes
- No

Diet Consistency

Do you alter your *foods* in any way to make them easier to chew? • Yes • No

If yes, do you consume:

- Pureed foods (mashed potato/applesauce consistency)
- Soft foods (ground beef consistency)
- Other:

Do you alter your *drinks* in any way to make them easier to swallow? • Yes • No

If yes, do you consume:

- Nectar thick liquids
- Honey thick liquids
- Other:

Has a speech-language pathologist or other healthcare provider ever indicated that you should be altering your food/drink texture? • Yes • No

If yes, what were the results:

Compensatory Strategies

Do you complete any of the following strategies when you swallow?

- Chin tuck/Chin down
- Head turn left
- Head turn right
- Head tilt
- Immediate cough
- Pushing/pulling against resistance
- Chin up
- Holding food/liquid in your mouth
- Other maneuvers:

Has a speech-language pathologist or other healthcare provider ever indicated that you should be using one of the above strategies when you swallow? • Yes • No

If yes, what were the results?

Additional Swallowing Concerns