Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

DYSPHAGIA/FEEDING ASSESSMENT

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

1. Respiration

	Concern	No Concern	Not Assessed	Comments:
Excess Mucous Secretions	☐	☐	☐	
Recurrent Pneumonia	☐	☐	☐	
Persistent Cough/Allergies/Colds/Asthma/	☐	☐	☐	
Audible/Laboured Breathing	☐	☐	☐	
Shortness of Breath	☐	☐	☐	

2. Fluid & Food Intake/Nutritional Status

	Concern	No Concern	Not Assessed	Comments:
Weight History	☐	☐	☐	
Adequacy of Intake	☐	☐	☐	
Food Textures Tolerated	☐	☐	☐	
Meal/Food Refusal	☐	☐	☐	
Food Preferences	☐	☐	☐	
Food Intolerances/Allergies	☐	☐	☐	
Fluid Intake/Restriction	☐	☐	☐	

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Appetite	☐	☐	☐	
Food/Drug Interaction	☐	☐	☐	
Bowel Function	☐	☐	☐	

3. Communication

	Concern	No Concern	Not Assessed	Comments:
Method of Communication	☐	☐	☐	
Comprehension	☐	☐	☐	
Follows Commands	☐	☐	☐	
Voice quality prior to eating	☐	☐	☐	

4. Behavioural Status

	Concern	No Concern	Not Assessed	Comments:
Level of alertness/consciousness	☐	☐	☐	
Orientation	☐	☐	☐	
Behaviours that may affect mealtimes	☐	☐	☐	

5. General Motor Functioning

	Concern	No Concern	Not Assessed	Comments:
Position of Client	☐	☐	☐	
Position of Feeder	☐	☐	☐	
Head, Neck and Trunk Control	☐	☐	☐	

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Upper/Lower Extremities	☐	☐	☐	
Fine Motor Control	☐	☐	☐	
Eats very quickly/slowly	☐	☐	☐	

6a. Oral Motor Functioning

	Concern	No Concern	Not Assessed	Comments:
Secretion Management	☐	☐	☐	
Facial Symmetry	☐	☐	☐	
Lip Control/Function	☐	☐	☐	
Jaw Function	☐	☐	☐	
Tongue Function	☐	☐	☐	
Palate Function, Hard and Soft	☐	☐	☐	
Voluntary Cough	☐	☐	☐	
Dentition	☐	☐	☐	

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6b. Oral Motor Functioning Cont.

	Concern	No Concern	Not Assessed	Comments:
Pre-Swallow Functions Chewing Ability	☐	☐	☐	
Oral Sensation, Face and Mouth	☐	☐	☐	
Temperature Perception	☐	☐	☐	

	Concern	No Concern	Not Assessed	Comments:
Swallow Functions Laryngeal Elevation	☐	☐	☐	

	Concern	No Concern	Not Assessed	Comments:
Post-Swallow Functions Coughing/Choking	☐	☐	☐	
Gurgly Voice Quality	☐	☐	☐	
Food Residue	☐	☐	☐	
Nasal Regurgitation	☐	☐	☐	
Reflux/Vomiting	☐	☐	☐	
Respiration	☐	☐	☐	
Secretions	☐	☐	☐	

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7. Environmental Factors

	Concern	No Concern	Not Assessed	Comments:
Food Preparation/Storage	☐	☐	☐	
Independant For Eating and Drinking	☐	☐	☐	
Mealtime Management Equipment	☐	☐	☐	
Eating Environment, e.g. Noisy	☐	☐	☐	

Foods Tested

Summary and Recommendations

☐ Refer to Physician ☐ Consult With Swallowing Specialist

☐ Care Plan Development With Client, Family and Community Provider

Comments:

Needs

Need	Post to C/P	Processed	Comments

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

---------- End of Report ----------