

ENDOSCOPY EVALUATION

Patient Symptoms

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|--|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Change in Voice abilities |
| <input type="checkbox"/> Change of diet needed (upgrade/downgrade) | <input type="checkbox"/> Wet, Hoarse, or Breathy Vocal Quality |
| <input type="checkbox"/> Change in eating Habits | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Pockets food | <input type="checkbox"/> Decrease in swallow or voice functioning |
| <input type="checkbox"/> Gurgly vocal quality during meal, after swallowing, and/or after meals | <input type="checkbox"/> Neurological disorder
(i.e. Parkinson's, Alzheimer's, ALS) |
| <input type="checkbox"/> Coughing or choking during or after meals | <input type="checkbox"/> PEG or G-Tube |
| <input type="checkbox"/> Watery eyes, occasional to frequent throat clearing | <input type="checkbox"/> Adverse Cognitive Shift |
| <input type="checkbox"/> Recurrent pneumonia | <input type="checkbox"/> Failure to thrive, dehydration, malnutrition |
| <input type="checkbox"/> Recurrent chest infections (e.g. Exacerbations of COPD, Asthma, Bronchitis, etc.) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chewing an/or swallowing difficulties | |
| <input type="checkbox"/> Stridor, C/o Food/Pills stick, Pain with Swallowing | |
| <input type="checkbox"/> Oral residue, drooling, food/liquid leaking from mouth | |
| <input type="checkbox"/> Thickened liquids, altered diet | |
| <input type="checkbox"/> C/o "feel full" after little p.o. intake | |
| <input type="checkbox"/> Frequent constipation | |

Clinician Signature/Title: _____

Date: _____