



**** Fax Completed Referral to 905-721-7774 ****

Paediatric Feeding and Swallowing Clinic

The Feeding and Swallowing Clinic serves children and youth living in Durham Region, from birth to 17 years of age. This clinic accepts referrals for oral motor dysfunction resulting in poor weight gain, GERD and risk of aspiration. For a clinic visit, the child will be assessed by a team which may include a paediatric gastroenterologist, dietitian, occupational therapist and a speech language pathologist.

This clinic does **not** see patient for:

- Behaviour issues or mental health
- Parent/child interaction difficulties related to poor feeding/nutrition
- Sole purpose of nutrition/dietitian consultation or picky eaters– refer to community dietitian or FCP

Order for a Video Fluoroscopic Swallow Study (VFSS) if indicated (check one): ☐ Yes ☐ No

Client Information:		
First Name:	Last Name:	D.O.B.
Address:	City:	Province:
Postal Code:	Phone:	Alternate:
Health Card Number:		
Health Information:		
Medical Diagnosis:		
Primary concern regarding child's feeding:		
<input type="checkbox"/> Oral motor dysfunction resulting in poor weight gain <input type="checkbox"/> Gastrointestinal concerns <input type="checkbox"/> Swallowing difficulties, risk of aspiration <input type="checkbox"/> Describe presenting problem: _____ _____ _____		
Reason for Referral (referrals will be prioritized based on details provided – please check all that apply)		
<input type="checkbox"/> Poor weight gain (FTT) <input type="checkbox"/> Feeding refusal <input type="checkbox"/> Poor transition to solids <input type="checkbox"/> Reflux/vomiting <input type="checkbox"/> Poor chewing skills <input type="checkbox"/> Poor latch/suction impacting breast/bottle feeding <input type="checkbox"/> Recent aspiration pneumonia <input type="checkbox"/> Choking episodes <input type="checkbox"/> Coughing or gurgly voice with eating/drinking <input type="checkbox"/> Chronic respiratory problems	<input type="checkbox"/> Restricted diet (eating less than 10 foods) <input type="checkbox"/> Poor self-feeding skills <input type="checkbox"/> Pocketing food in mouth <input type="checkbox"/> Gagging <input type="checkbox"/> Chronic/recurrent abdominal pain or digestive issues <input type="checkbox"/> Tube wean with transition to oral solids <input type="checkbox"/> Nasal regurgitation <input type="checkbox"/> Takes a long time to eat	<input type="checkbox"/> Picky eating <input type="checkbox"/> Behaviour Challenges <input type="checkbox"/> Nutrition concerns <input type="checkbox"/> Tactile sensitivity <input type="checkbox"/> Increased drooling/saliva production





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☐ Harmonized