Referral Instructions: Feeding Swallowing Service - Adult and Pediatric Teams
Edmonton Zone

Feeding Swallowing Service - Adult and Pediatric Teams

Arranging a feeding / swallowing assessment:

Children – under 18 years of age, with feeding / and or swallowing problems / dysphagia, should be referred to the:

- **Glenrose Rehabilitation Hospital** – when there is / are neurological and / or developmental concerns / diagnosis, with or without nutritional concerns
- **Stollery Children’s Hospital** – when development is typical and swallowing difficulties are suspected to contribute to frequent respiratory illnesses

Note:

- For preschool children (before school entry) without a medical, neurological and/or developmental diagnosis, please call Preschool Rehabilitation Services Central Intake to make a feeding referral. (Phone 780 342 6826)

- **Children living in Alberta on home tube feeds** – send referrals to the Pediatric Home Nutrition Support Program (Fax 780 407 8502; Phone 780 407 1341)

Adults – may be referred to the **Glenrose Rehabilitation Hospital**

- There is currently a wait for service. Referrals are triaged upon receipt and appointments are scheduled according to clinical urgency.

- If additional information becomes available to you that would affect the urgency of care required, please contact the Glenrose Feeding / Swallowing Service (Phone 780 735 6066) and indicate that you wish to update an existing referral.

Note:

- Services may be available from local providers in Northern Alberta at the following locations: Vegreville, Camrose, Red Deer, Grande Prairie, Fort McMurray. Please contact health agencies in these cities for more information.

- **Adults living in Alberta on home tube feeds excluding those with nasally placed tubes** – send referrals to the Adult Home Nutrition Support Program (Fax 780 735 4358; Phone 780 735 4236)
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Complete:
Outpatient Services Feeding and Swallowing Referral Form CH – 1085 (Rev 2015 – 02)

Include:

- Completed referral form
- Contact information (name and phone number) to arrange appointment
- Physician / Nurse Practitioner Signature, Printed Name, Phone and Fax
- Guardian name and contact information
- Reason(s) for referral
- Medical diagnosis
- Referral priority
- Most recent assessment report
- Relevant diagnostic tests (e.g. GI, ENT, Chest X-ray, Allergies)

Please refer to ONE outpatient location to avoid duplication of referrals.

Fax and phone numbers are noted at the top of the form.

We look forward to assisting you.