

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type: Dysphagia Evaluation	_____	Referral Source:	_____
Primary Concern:	_____		_____

CC Chief Complaint

2 PRIMARY SWALLOWING-RELATED CONCERN

Primary swallowing concern in patient's own words — duration, progression, whether difficulty involves solids, liquids, pills, or mixed consistencies...

S Subjective

3 PATIENT-REPORTED SWALLOWING SYMPTOMS & RELEVANT HISTORY

3a SYMPTOM ONSET & COURSE

When swallowing difficulty began, sudden vs gradual, improving/worsening/intermittent/progressive/stable...

3b SWALLOWING PATTERN

Difficulty with: _____ Phase (initiation / during / after swallow): _____
 Solids / Liquids / Pills / Saliva: _____

3c ASSOCIATED SWALLOWING SYMPTOMS

Choking, coughing with meals, throat clearing, globus, food sticking, regurgitation, odynophagia, aspiration events, nasal regurgitation, drooling, prolonged meal time...

3d VOICE / AIRWAY SYMPTOMS

Hoarseness, wet/gurgly voice, chronic cough, dyspnea, stridor, recurrent pneumonia, or suspected aspiration...

3e REFLUX / GI SYMPTOMS

Heartburn, regurgitation, nausea, vomiting, weight loss, early satiety, esophageal symptoms, or prior GI evaluation...

3f NEUROLOGIC / MEDICAL HISTORY

Stroke, Parkinson, dementia, ALS, MG, H&N cancer, radiation, intubation, cervical spine/thyroid surgery, or other relevant conditions...

3g NUTRITIONAL / FUNCTIONAL IMPACT

Weight loss, dehydration, diet modification, reduced oral intake, feeding tube use, food avoidance, medication difficulty, QOL impact...

3h PRIOR EVALUATION & TREATMENT

Modified barium swallow, FEES, esophagram, EGD, SLP, diet modifications, reflux therapy, dilation, or surgery...

3i PERTINENT NEGATIVES

Denial of progressive dysphagia, unintentional weight loss, hematemesis, hemoptysis, aspiration pneumonia, airway compromise, severe odynophagia, neurologic deficits, or neck mass...

ROS ENT / Swallowing Review of Systems

4 PERTINENT POSITIVES & NEGATIVES

- Dysphagia to solids / liquids / pills / saliva
- Choking / coughing / throat clearing with meals
- Globus sensation or food sticking
- Odynophagia
- Hoarseness or voice change
- Chronic cough or aspiration symptoms
- Reflux / regurgitation / heartburn
- Weight loss / reduced intake / dehydration
- Neck mass / throat pain / hemoptysis
- Neurologic symptoms or weakness

O Objective

5 MEASURABLE & OBSERVED SWALLOWING / AIRWAY / ENT FINDINGS

V VITAL SIGNS

Temperature: _____	Blood Pressure: _____
Heart Rate: _____	Respiratory Rate: _____
Oxygen Saturation: _____	Height / Weight: _____
BMI: _____	Pain Score: _____

5a GENERAL APPEARANCE

Appearance, distress, hydration/nutritional status, communication, breathing...

5b HEAD / FACE / EARS / NOSE

Head & Face: _____	Ears: _____
Nose: _____	_____

5c ORAL CAVITY / OROPHARYNX

Oral mucosa, dentition, tongue mobility, palate elevation, tonsils, posterior pharynx, pooling secretions, lesions, masses, dehydration signs...

5d NECK

Lymphadenopathy, masses, thyroid, tenderness, surgical scars, laryngeal elevation if assessed...

5e VOICE / LARYNGEAL FUNCTION

Voice quality, wet/gurgly voice, hoarseness, cough strength, throat clearing, airway symptoms...

5f RESPIRATORY / AIRWAY & NEUROLOGICAL

Respiratory / Airway: _____ Cranial Nerves / Neurological (swallowing-relevant): _____

PP Procedures Performed

6 SWALLOWING / ENT PROCEDURES THIS VISIT

Procedure name, indication, technique, location, instruments, topical anesthesia, findings, tolerance, complications. Examples: flexible laryngoscopy, FEES, nasal endoscopy, transnasal esophagoscopy, biopsy...

L Lab & Dysphagia Diagnostic Results

7 DYSPHAGIA-RELATED DATA

7a SWALLOWING STUDIES

Modified barium swallow, FEES, bedside swallow evaluation, esophagram, or SLP assessment findings...

7b ENDOSCOPY / GI TESTING

EGD, transnasal esophagoscopy, dilation history, manometry, pH testing, or reflux evaluation...

7c IMAGING & LABORATORY STUDIES

CT neck / MRI / ultrasound / chest / cervical spine: _____ Nutritional markers / CBC / CMP / thyroid / labs: _____

7d PATHOLOGY & PRIOR RECORDS

Biopsy results, SLP notes, GI records, oncology records, operative reports, prior swallow studies...

A Assessment

8 DYSPHAGIA CLINICAL INTERPRETATION

Primary diagnosis: oropharyngeal dysphagia, esophageal dysphagia, aspiration risk, LPR, cricopharyngeal dysfunction, vocal fold dysfunction, neurologic dysphagia, post-radiation dysphagia, structural lesion, or malignancy concern. Consistency-specific pattern and swallowing phase affected. Nutritional status, aspiration risk, airway risk, functional impact. Urgent evaluation if progressive dysphagia, weight loss, airway compromise, or malignancy...

P Plan

9 DYSPHAGIA MANAGEMENT

9a DIAGNOSTICS

Modified barium swallow, FEES, esophagram, EGD, CT/MRI, labs, or laryngoscopy ordered...

9b DIET, NUTRITION & SWALLOWING PRECAUTIONS

Diet modifications, swallowing precautions, aspiration precautions, hydration/nutrition support, feeding tube considerations...

9c MEDICATIONS & PROCEDURES

Reflux therapy, anti-inflammatory, underlying cause treatment. Dilation, biopsy, lesion excision, vocal fold intervention, cricopharyngeal management...

9d REFERRALS & PATIENT EDUCATION

SLP, GI, nutrition, oncology, neurology, pulmonology, PCP. Safe swallowing strategies, warning signs, aspiration precautions, urgent care criteria...

F Follow-Up

10 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Swallow study review, symptom reassessment, nutritional monitoring, SLP response, endoscopy results, or escalation if aspiration/airway symptoms worsen...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M Level: _____ Procedure Code(s): _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD	SPECIALTY: OTOLARYNGOLOGY / HEAD AND NECK SURGERY	DATE	TIME
_____	_____	_____	_____