

Fax this referral to 604-736-7019



**ACCESS**  
COMMUNITY THERAPISTS LTD

### HSCL Specialized Seating or Dysphagia Consultation Referral Form

**Please ensure referral and addendum are complete. Incomplete referrals will be returned.**

(Refer to February 2025 HSCL Protocols for Access Seating and Dysphagia Consultation Services for more information)

DATE OF REFERRAL  URGENT REFERRAL  
 Specialized Seating and Mobility Services  Specialized Dysphagia Services  
Dietitian Involved Yes  No   
Dental Hygienist Involved Yes  No

Consultation Requested By HSCL/Home Health: Nurse <input type="checkbox"/> Rehab Therapist <input type="checkbox"/> Other <input type="checkbox"/>	
Name	Email
Phone Number	Health Unit / Title

Consultation Requested For:				
Legal Last Name	Legal First Name	Initial	Name client goes by	Pronouns
Address		City		Postal Code
Personal Health Number	Date of Birth (yyyy/mm/dd)		Phone Number	
Primary Contact Person	Service Provider Agency		Phone Number	

Other Contacts	Aware of Referral	Phone	Email
Family Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physician(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Decision Maker Self <input type="checkbox"/> Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Diagnosis:

Relevant Medical History:

Reason for Referral:

Will you attend the appointments: Yes  No  Details for booking:

\*\*Please also complete the  Complex Seating or  Dysphagia Symptom Checklist addendum (attached)

Access Community Therapists Ltd is contracted to provide services for HSCL clients throughout BC. As required by this contract, Access Community Therapists follows the provisions of the Freedom of Information and Protection of Privacy Act. Under this legislation, health authority staff and Access Community Therapists can share personal client information to support continuity and safety of care. Form revised Nov 2025.

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**HSCL-S Seating Referral Addendum – please include with all seating referrals**

<b>BACKGROUND INFORMATION</b>	
<b>Client's legal name</b>	<b>Date</b>
<b>Funding information</b>	
<b>Current wheelchair and seating (include age, provider, issues)</b>	
<b>Vendor of choice for new equipment</b>	
<b>Safety issues</b>	
<b>Skin concerns including pressure injuries (history, location, stage of injury if known)</b>	
<b>Goal(s) of referral</b>	
<b>Interventions trialed so far to address goal</b>	
<b>Additional information</b>	



**HSCL-D Dysphagia Referral Symptom Checklist Addendum – please include with all dysphagia referrals**

**Client's legal name:**

**Date of checklist completion:**

**Health/medical red flags:**

- Recent hospitalization for pneumonia
- Choking episodes/High risk for choking
- Chronic respiratory problems/chest infections/bronchitis
- History of pneumonia, asthma, respiratory or food-related allergies
- Recent CVA, TIA → eating difficulty
- Change in level of alertness (increased anxiety/agitation or reduced alertness)
- Sudden change in eating/drinking pattern
- Symptoms of dehydration (e.g. concentrated urine, constipation)
- Sudden/unexplained weight loss (>5% of usual weight in 1 month)
- Recurrent vomiting
- History of reflux/chronic symptoms of heartburn

**Before the meal:**

- Drooling (not during eating or drinking)
- Gurgly, wet vocal sounds (before eating or drinking)
- Problems with getting food from plate to mouth
- Negative reaction to spoon/cup near mouth
- Refusal to eat/drink
- Poor posture at meals

**During the meal:**

- Discomfort or distress
- Loss of food or liquid from mouth (during eating or drinking)
- Difficulty, excessive or no chewing
- Problems moving food/drink in mouth
- Problems moving tongue
- Extended mealtimes (more than 45 minutes per meal)

**Managing food/liquid:**

- Coughing during or after taking food, drink or medication
- Gagging while eating/drinking
- Multiple swallows per mouthful
- Effortful or audible swallow
- Food or drink coming out of nose during meals
- Food residue in mouth after swallow
- Gurgly, wet vocal sounds (after eating or drinking)
- Change in breathing pattern, increased congestion while eating/drinking

**Problems with mouth or teeth:**

- Poor jaw movement
- Abnormal structures affecting eating/drinking (e.g. swelling, sores, etc.)
- No teeth/missing teeth/poor fitting dentures
- Dental decay/poor dental hygiene