

# CONFIDENTIAL PATIENT SCREENING FORM D1018

This is a complimentary screening form for the patient / carer to complete in order to establish potential suitability for the therapy. All information pertaining to the therapy will be discussed after receiving this completed form to: [info@vitalstim.co.uk](mailto:info@vitalstim.co.uk)

## VITALSTIM UK LTD

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PATIENT/CLIENT NAME:		CARERS NAME:		DATE OF BIRTH:	
PROFESSION		REFERRED BY		(CONSULTANT NAME)	
ADDRESS		ADDRESS			
POST CODE					
EMAIL:-		POST CODE			
TELEPHONE	HOME	TELEPHONE			
	MOBILE	HOW DID YOU HEAR ABOUT THIS TREATMENT – PLEASE SPECIFY			
	WORK				
GP'S NAME		PREVIOUS SPEECH LANGUAGE THERAPIST YES/NO			
ADDRESS		NAME			
		ADDRESS			
POST CODE		POST CODE			
TELEPHONE		TELEPHONE			
OTHER PROFESSIONALS INVOLVED					
<b>MEDICAL DETAILS</b>					
DETAILS WITH DATES AND BRIEF RESULT ON VIDEO FLUOROSCOPY SWALLOW STUDY (VFSS) AND / OR FIBRE OPTIC ENDOSCOPE OESOPHAGEAL SWALLOW STUDY (FEES)					
HEARING / VISION / MOBILITY					
MEDICAL DIAGNOSIS:					
RELEVANT ASSOCIATED CONDITIONS: DIABETES / HEART / CHEST / MOBILITY / OTHER					
DATE OF ONSET:					
<p><b>TONGUE STATUS:</b> INDICATE SPEED OF MOVEMENT (F=FAST....., A=AVERAGE....., S=SLOW.....) TICK THE APPROPRIATE BOX.            INDICATE RANGE (DISTANCE) OF MOVEMENT (M=MORE....., L=LESS....., N= NO MOVEMENT.....)            INDICATE DIRECTION OF MOVEMENT TO RIGHT ....., LEFT....., UP....., DOWN.....OUT, .....IN</p>					
<p><b>LIPS STATUS</b> – INDICATE ABILITY OF LIPS SPREAD....., POUT....., KISS....., OPEN....., CLOSE....</p>					
SALIVA CONTROL PRESENT / ABSENT					
MODE OF FEED – FOOD AND LIQUID / AMOUNT – VOLUME – QUANTITY / PER DAY					
COMMUNICATIONS – UNDERSTANDING / EXPRESSION / PREVIOUS LANGUAGE / LITERACY ABILITIES					
ADMISSION / HOSPITALISATION WITH DATES AND EVENTS					
INVESTIGATIONS WITH DATES IN BRIEF. INCLUDE ANY OTHER ADDITIONAL RELEVANT INFORMATION INCLUDING SALT'S SWALLOW REPORT i.e.: - Modified Barium swallow or VFSS (Video Fluoroscopy Swallow Study), FEES (Fibreoptic Endoscopic Evaluation of Swallowing)					

