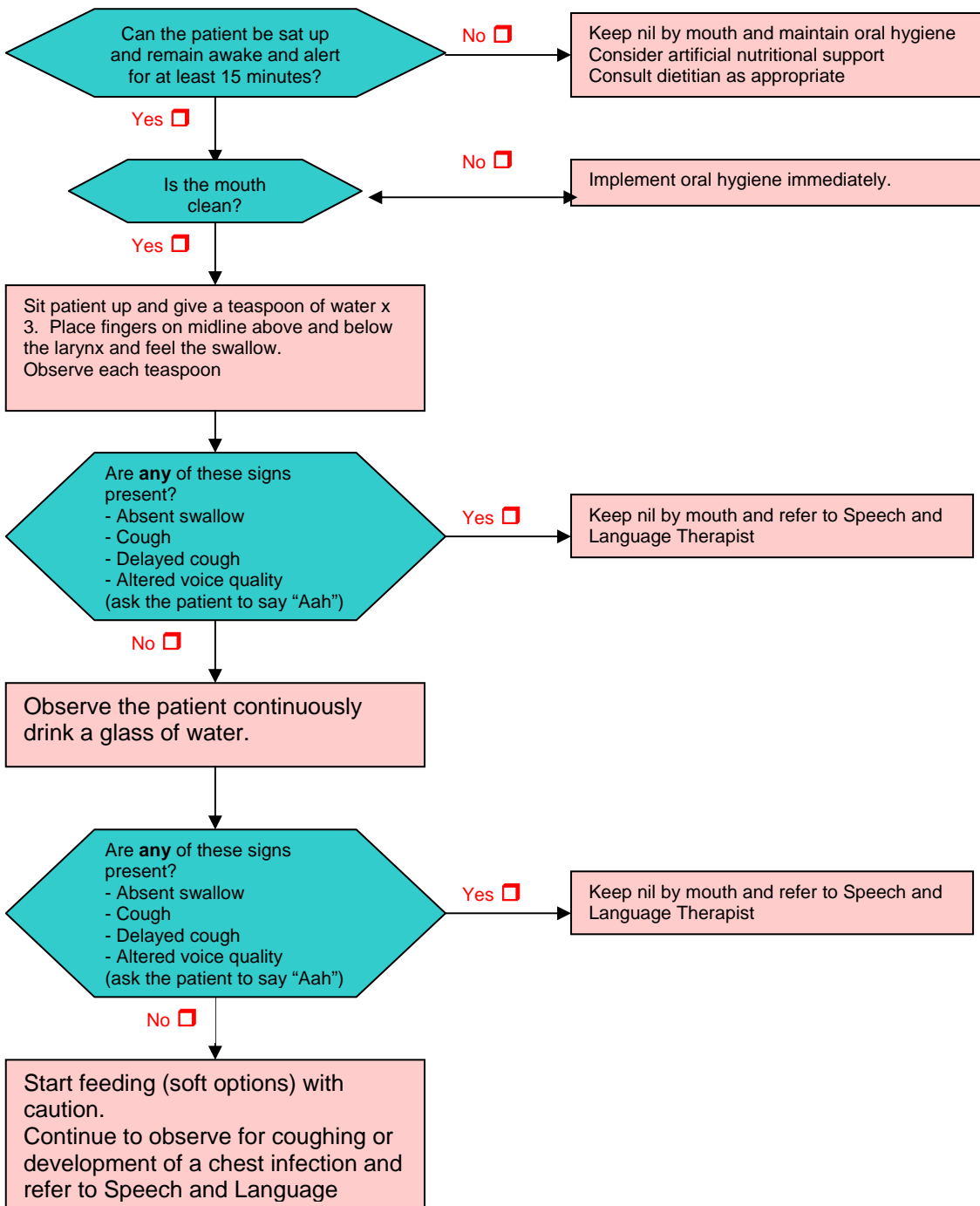


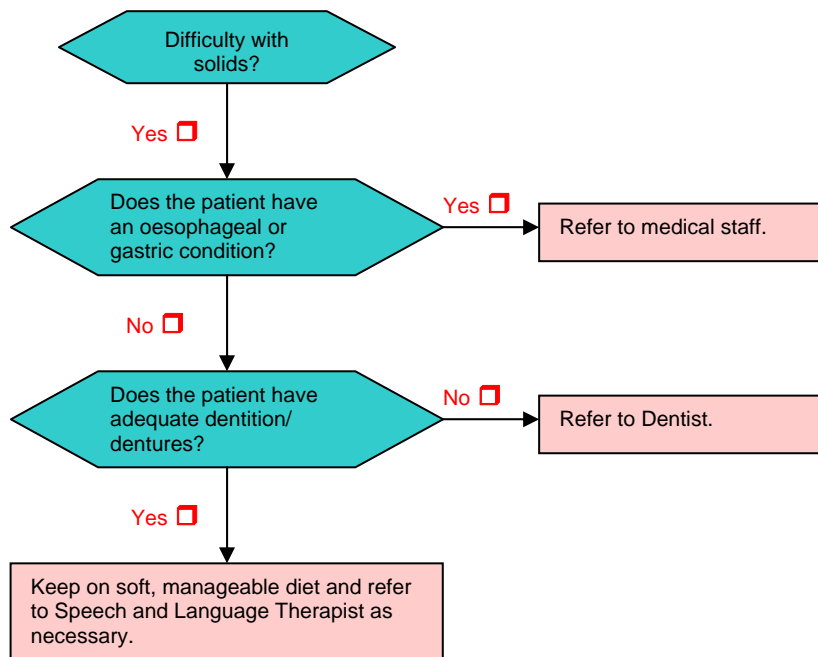
Swallow screening procedure

Eligibility
Presumptive diagnosis of stroke or clinical concern regarding patient's ability to swallow

First name _____
 Last name _____
 DOB _____
 CHI No _____

Attach Patient Label





Reference: Sign Guidelines September 2004

For use by qualified nursing staff, GPs, SHOs

Source: Department of Speech and Language Therapy, Raigmore Hospital, Inverness