## **NM SAFE (Supports and Assessment for Feeding and Eating)**

## **Referral and Screening Form**

*NM SAFE provides multidisciplinary feeding assessments for children (0-17) with or at-risk for developmental disabilities, with concerns for feeding, sensory, oral-motor, and nutritional problems. For feeding problems that require complex medical evaluation or treatment (for example, video swallow study, or g-tube weaning), please refer client to UNMH Speech/Language/Swallow Center or Carrie Tingley Hospital Outpatient Rehabilitation Services.*

*Please notify parent that you are making this referral.*

*Email completed referral form to* [*hsc-nmsafe@salud.unm.edu*](mailto:hsc-nmsafe@salud.unm.edu)*,* or fax to (505) 272-9014*. Medical providers, please include medical records from most recent visit (e.g., WCC).*

**Client Name**: Date of birth:

**Parent/guardian name**:

**Referring Provider**:

CDD Program/Service:

*Please complete the following (leave blank if you do not have the information).*

**Previous Diagnoses:**

**Feeding/Eating concerns:**

Diet: ☐ Regular ☐ Soft ☐ Pureed ☐ Chopped ☐Other

Previous Swallow Study: ☐ Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider/Location:

|  |
| --- |
| For office staff:  Date referral received: \_\_\_/\_\_\_\_/\_\_\_\_  Records Requested ☐ Yes Records Received: ☐ Yes |

History of Aspiration: ☐ Yes ☐ No