



**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.

Email completed referral form to hsc-nmsafe@salud.unm.edu, or fax to (505) 272-9014. Medical providers, please include medical records from most recent visit (e.g., well-child check).

Full name _____ Date of birth _____ Gender _____
 Preferred language _____ Date completed: _____
 Who is referring the client to NM SAFE? _____

Current or most recent medical provider or pediatrician:

Provider Name / Practice	Mailing address	Phone/Fax
		<i>Phone</i>
		<i>Fax</i>

Parents/Caregivers:

Name		Name	
Relationship		Relationship	
Preferred Language		Preferred language	
Mailing address		Mailing address	
Phone numbers		Phone numbers	
E-mail		E-mail	

Any current or previous diagnoses:



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Feeding/Eating concerns:

Diet: Regular Soft Pureed Chopped Other

Previous Swallow Study: Yes No

Date: **Provider/Location:**

History of Aspiration? Yes No