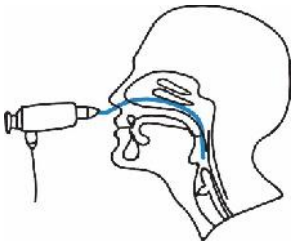


FUNCTIONAL Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Swallowing Performance Profile

RESIDENT: _____ DOS: _____

SLP: _____

CONTACT INFORMATION: _____

Dear Care Team Member,

SDX completed a FUNCTIONAL Fiberoptic Evaluation of Swallowing (FEES) on the above-named resident. Below is the resident's Swallowing Performance Profile including their dysphagia risk assessment with management recommendations. To learn more about FEES, visit SDX-FEES.COM

DIET OUTCOMES & RECOMMENDTIONS

FOOD LEVEL _____

This is an UPGRADE / LEVEL MAINTAINED / DOWNGRADE

LIQUID LEVEL _____

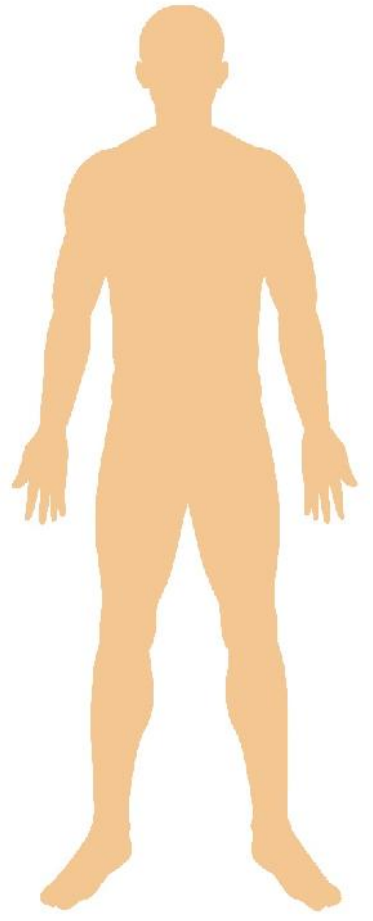
This is an UPGRADE / LEVEL MAINTAINED / DOWNGRADE

RECOMMENDATIONS for MEDS: _____

WERE ABNORMAL MOVEMENTS NOTED?

YES / NO

If YES, refer to areas marked on the body image below.



DYSPHAGIA RISK ASSESSMENT

CHOKING RISK

LOW_____HIGH

RISK of RESPIRATORY COMPLICATIONS

LOW_____HIGH

PROBLEM LIST:	MANAGEMENT STRATEGIES: