Airedale NHS
NHS Foundation Trust

Speech & Language Therapy Service

Referral for Assessment of:
Voice

Attach PAS Label:

Presenting Complaint:		Onset:
Voice Quality: [in clinic]		
Vocal cords [on endoscopy]	☐ AP constriction ☐ False cord adduction ☐ Nodules ☐ Papilloma ☐ Swallowing Problems ☐ Unilateral VC palsy R / L	☐ Bowing ☐ Leukoplakia ☐ Reinke's oedema ☐ No abnormality detected ☐ Phonatory gap ☐ Bilateral VC palsy R / L
	☐ Other [please specify] _____ _____ Comments: _____ _____ _____	

Endoscopy completed ? ☐ Yes ☐ No [Tick as appropriate]

Is the current voice problem preventing the patient from work?

☐ Yes ☐ No [Tick as appropriate]

[Tick as appropriate]
☐ ENT follow-up arranged in _____ weeks.
☐ ENT follow-up to be requested by Speech & Language Therapist as needed.

Date: _____ Consultant / SpR _____