**FEES**

Aphasia Friendly Information Leaflet.

You have **difficulties** with your **swallow**.

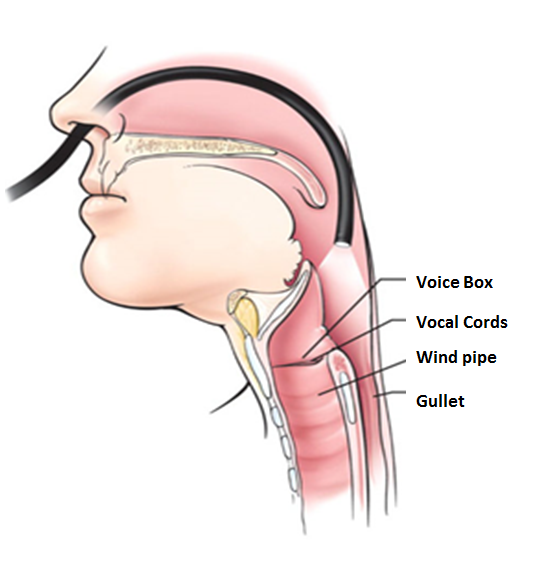


This makes **eating and drinking difficult**.

We can use this **camera and computer** to look at your swallow.

This gives us a **video** of your swallow.

The **camera** will go in your **nose**.

It looks at your **throat.** 

This is your **voice box**.



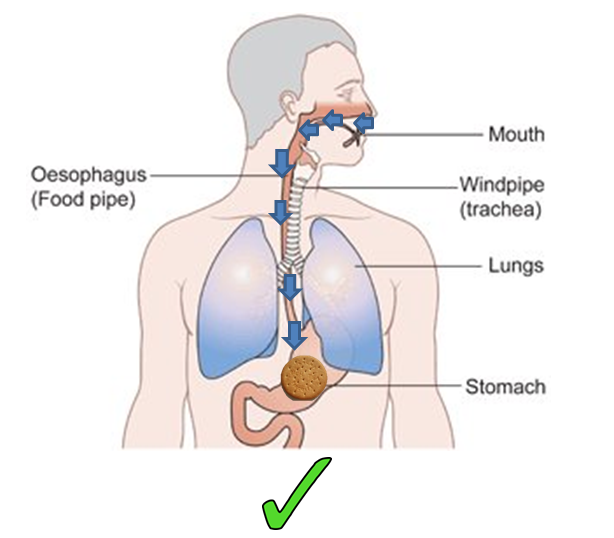
**Oesophagus (food pipe)**

**Wind Pipe**

**Voice box**

You will have **food and drink**.

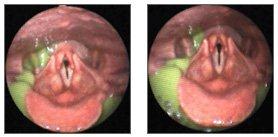
We will **check** if it goes the **right way** down.



The **voice box** looks like this with **food**.

**Oesophagus**

**Food**



**Airway**

**A small risk** of:

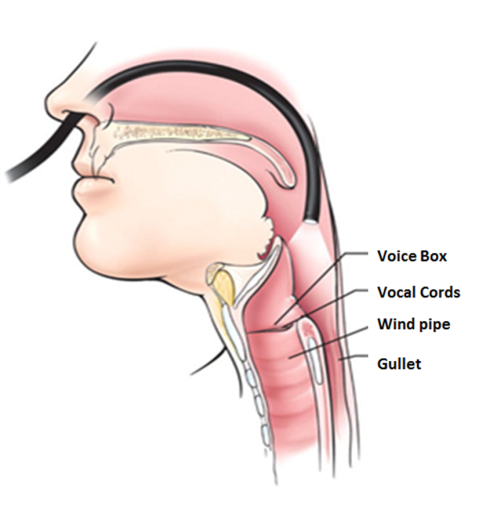
**Nose bleed**

**Fainting** 

# FEES: CONSENT FORM

# Assessment has been explained to me by:

1. I **would like** a swallow assessment with **a camera**.



**YES**

**NO**

Witness signature (if applicable):

Speech and language Therapist: