Referral and Authorization Form

FACILITY INFORMATION

Facility Name:_____ Treating SLP: _____
Contact Phone #: _____ Contact Email: _____
Ordering Physician: _____ Signed Order on File: Yes ___ No ___

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Age: ____ Sex: M__ F__
Date of Admission : _____ Payer Source: _____
Diagnoses: 1. _____ ICD10 _____ 2. _____ ICD10 _____
3. _____ ICD10 _____ 4. _____ ICD10 _____
History of Present Illness:
_____
_____

Previous Evaluations

BSEE Date: _____ Findings: _____

MBSS Date: _____ Findings: _____

FEES Date: _____ Findings: _____

Current Diet : Solids _____ IDDSI Level ___ Liquids _____ IDDSI Level ____
Tube Feeds: Yes ____ No____ Supplemental: _____ or Primary Source of Nutrition: _____
Oral Supplements (i.e. Ensure): Yes ____ No____ Dependent for feeding : Yes ____ No ____
Current Compensatory Strategies: Slow Rate Small Bites/Sips Alternate liquids/solids

Chin Tuck Head turn R/L Cough/Throat Clear Other: _____

Reason for Referral : Coughing/choking _____ Reduced po intake _____Weight Loss _____
r/o Silent Aspiration____ Pneumonia _____ Wet Vocal Quality ____
Globus sensation _____ Evaluate Potential for Diet Advancement_____
Other: _____

Allergies: _____

Pulmonary Status: Room Air ____ Nasal Cannula ___ (___L) Ventilator Yes ____ No ____
Trach: Yes ____ No____ Type: _____ Size _____ Cuff: Yes ___ No ____
Speaking Valve: Yes ___ No ___

Oral Care Status WNL ___ Fair ___ Poor ____ Dependent for Oral Care: Yes ____ No ___

Isolation: Yes ____ No _____ If yes, Type of Isolation Precautions:_____

Cognition: WNL ____ Impaired _____ Follows Directions : Yes ____ No____
Other Pertinent Information: _____
Preferred Time/Date of Study _____

SLP Signature _____ DON/Administrator Signature _____

Please submit completed Referral and Authorization Form, Signed Patient Informed Consent Form, Patient Facesheet, Physician order for "FEES to Assess Dysphagia", and Speech Language Pathologist's Initial Evaluation and most recent POC to : swallowspecialistsfl@gmail.com Questions? Call 954-261-3181

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