Referral for "Dysphagia Consultation including FEES"

Submit this intake form to Wyoming Dysphagia Diagnostics
(Fax: 1-307-316-0366 or Email: info@wydysphagiadiagnostics.com)
along with the patient's Face Sheet and medication list.

☐ New Patient ☐ Established Patient

Facility Info: Facility Name ______________________________ City __________________
Scheduling Contact: ______________________________ Phone: ________________________
Ordering MD: __________________________ Treating SLP: _____________________________

Patient Name ______________________________ M F DOB ________ Age _______
Room # _______ Contact Precautions Y N Isolation? Reason:_________________________
Primary language: ____________________

Insurance Coverage – (Call our main office at: 307-215-9626 for questions or assistance)
Private Insurance ______________________________ Policy # ___________________________
Med A (skilled) Med B (non-skilled) Hospice

Diet: Food consistency _______________________ Liquid Consistency: ______________________
NPO PEG/NG/Duo/Jtube Allergies? ____

Reason(s) for Consult:
Coughing Choking
Globus Odynophagia
Recurrent PNA
New onset PNA
Poor PO intake
Wt. Loss SOB/Wheezing
Wet phonation
Suspected Silent Aspiration
Other_____________________
____
Diet upgrade: ______________
____
Previous FEES/MBS: Y N
____
____
Concerns: _________________
____

Medical History (check all that apply)
ALS
Alzheimer's/Dementia
Cancer _________________
Cervical Spine Surgery
____
CVA CHF
COPD Dysphagia
GERD MS
Myasthenia Gravis
Pneumonia TBI
Premature birth PD
Respiratory Failure
Other: ____________________

Dysphagia Onset: __________
New? ____________________
Wks ____ Mo _____ Yrs ______

Respiratory Status
Rm Air O2 _____________
Trach? Speaking Valve
Decannulation date __________
Hx of intubation ____________
Vent? ____________________

Dentition:
Natural Poor
Dentures/ Partials
Edentulous

Cognition/Communication
Speaking Y N
Follows Commands Y N

Speech Therapy Y N
____

Ordering MD Signature ________________________________ Date __________NPI ___________