



Swallow function/Instrumental speech and feeding referral form

Families need to call 682-885-7331 to schedule an appointment.

Attach the insurance sheet to this referral form. All fields are required.

Patient name: _____

Date of birth: _____ Sex: _____ Current weight: _____

Diagnosis: _____ ICD-10 code(s): _____

Allergies: _____

Services requested:

Speech/language pathology

Priority:

Routine (within 12 weeks)

High (within two weeks)

Stat (within 24 hours)

Physician order (check all services that apply):

Speech/language pathology

Soft palate study, evaluate and treat

Nasopharyngoscopy, evaluate and treat

Fiberoptic endoscopic evaluation of swallow (FEES), evaluate and treat

Swallow function study (SFS)/Modified barium swallow, evaluate and treat

Required questions for FEES and SFS:

1. Patient history of Necrotizing enterocolitis and/or major abdominal surgery (not including G-button or fundoplication)?

Yes No

2. Patient born at 32 weeks gestation or less?

Yes No

3. If Speech language pathologist recommends thickening:

Thicken per protocol Call provider before thickening

Special instructions for FEES patients (greater than 12 months) and Nasopharyngoscopy patients:

Compounded tetracaine 1% and oxymetazoline 0.05% to deliver 1 mg tetracaine per 0.1 mL via nasal spray bottle. May administer two sprays per nostril. Do not administer more than 1 mg/kg tetracaine.

Date of onset/procedure/surgery: _____

Precautions: _____

(Ex: Fall, precautions, limitations on thickening)

Physician signature: _____ Date: _____ Time: _____

Physician name (printed): _____

Physician phone: _____ Fax: _____

Office contact name: _____

Office phone: _____ Fax: _____

Rehabilitation Services

601 7th Ave.
Fort Worth, TX 76104
682-885-7331 phone
682-885-6439 fax