SPEECH & SWALLOWING THERAPY, PLLC
of Southeast Tx

admin@sastclinic.com
409-206-0358

Required Documents to Schedule Study: scheduling form, history & physical, and face sheet

Scan or Send Photo to Email of Required Documents: admin@sastclinic.com

Facility Name: _____ **City:**_____

Zip Code:_____ **Special Instructions:**_____

Patient Name:_____ **DOB:** _____

Gender (Circle one): M or F **Height:**_____ **Weight:**_____ **Primary Insurance:**_____

Ordering Physician (first/last name required):_____

SYMPTOMS, primary medical reasons for consult (Circle the ones that apply): Coughing with po Choking Difficulty swallowing Breathy or hoarse vocal sounds Moist cough Shortness of breath Spitting food/saliva Tearing with oral intake Vomiting Weight loss Wet vocal quality Feeding difficulty Risk of aspiration Breathing difficulty with po Food/pills getting stuck GERD/Esophageal reflux Malnutrition/ dehydration Pneumonia Pocketing Poor po intake Reflux Respiratory distress Runny nose Other: _____

Status Change due to : improvement decline weight loss malnutrition pneumonia reduced po

Reason for Referral: find safest/least restrictive diet diet upgrade pre-TX feeding eval

Current diet: Regular Mech Soft Puree NPO **Current Liquids:** Regular Nectar Honey NPO

Duration of symptoms: days weeks months years **Does the patient currently have PEG?** Yes or No

Frequency of symptoms: all po liquids solids pills saliva

Dentition: natural poor dentures edentulous **Communicates**: Y or N **Follows commands:** Y or N

Pertinent Medical History/Diagnosis: CVA CHF Dementia DM Dysphagia Parkinson's GERD COPD Hip Fx Pneumonia CA Recent Intubation/surgery other: _____

Recent Bedside (Circle one)? Yes or No **Pt in favor of PEG if suggested (Circle one)** Yes No Unknown

Signature REQUIRED:X_____ **RN LVN SLP** **OR** Physician Signature: _____

NURSE OR SLP TO SIGN AND CIRCLE CREDENTIALS TO VERIFY VERBAL ORDER (file in chart for physician to sign)

Consent (circle) Verbal consent received from the patient and/or responsible party? ***Yes*** or ***No***

Person completing form:_____ **Contact #:**_____

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