VOICE THERAPY REFERRAL FORM

SLP Endoscopix

SLP Endoscopix is now offering voice therapy services! Given a recommendation and clearance from an ENT, voice therapy sessions may be booked with a trained speech-language pathologist (SLP).

Please complete the following form, prior to booking the initial assessment.

PATIENT INFORMATION:

Name: _____ DOB (M/D/Y): _____Gender (M/F): _____

Address: _____ City: _____ Postal Code: _____

Patient's Phone #: _____ OHIP #:_____

PATIENT'S MEDICAL INFORMATION:

Diagnosis: _____ Date of Onset: _____

Other relevant medical information: _____

Recommended follow-up with ENT (indicate date):_____

REFERRING PHYSICIAN:

Name: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ Postal Code: _____

Physician's signature: _____ **Date:** _____

Please fax this form to 416.981.7733 or email to ilana@slpendoscopix.com

Speech-Language Pathology Services are privately paid by the patient. Invoices are provided for those with extended health benefits wishing to seek reimbursement