FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING (FEES) REFERRAL FORM

SLP Endoscopix

Office of Dr. A. Wong & Dr. R. Leung
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Barrie ON, L4M 7G1

SLP Endoscopix is now offering **Fiberoptic Endoscopic Evaluation of Swallowing (FEES) at the office of Dr. Adrienne Wong and Dr. Randy Leung (ENT Specialists).** This is a safe, effective and objective instrumental assessment of swallowing, which is completed in office by a trained speech-language pathologist (SLP), in conjunction with an otolaryngologist (ENT), as required.

Please complete the following form, prior to booking the evaluation. This form will also serve as a referral for ENT consultation/follow-up, and for FEES biofeedback sessions, as required.

PATIENT INFORMATION:

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

Address: _____ City: _____ Postal Code: _____

Patient's Phone #: _____ OHIP #:_____

Contact Person: _____ Relationship: _____Phone Number:_____

PATIENT'S MEDICAL HISTORY:

Diagnosis: _____ Date of Onset: _____

Other relevant medical information: _____

REFERRING PHYSICIAN:

Name: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ Postal Code: _____

Please indicate whether the patient has any contraindications for:

- **FEES** (these include: agitation, acute cardiac disorder, history of vasovagal episodes/fainting, severe movement disorders, recent trauma to the nasal cavity/facial structures, bilateral obstruction of the nasal passage, nosebleeds/epistaxis, taking oxygen): Yes _____ No _____
- **Lubricant, decongestant or topical anesthetic** (i.e. allergy): Yes _____ No _____
- **Food dye** (these include allergy or conditions that may increase gut permeability, such as: sepsis, severe burns, trauma with concomitant sepsis, cardiac bypass, abdominal aortic aneurysm, celiac disease, cystic fibrosis and Crohn's disease): Yes _____ No _____

Physician's signature: _____ Date: _____

TREATING SPEECH-LANGUAGE PATHOLOGIST (If applicable):

Name: _____ Phone #: _____Fax #: _____Organization: _____

Please include copies of the following: 1) SLP clinical swallow report, 2) list of current medications, and 3) relevant GI and ENT reports if available.

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

FEES is a privately paid exam and a fee will be charged to the patient. Invoices are provided for those with extended health benefits wishing to seek reimbursement