SLP Endoscopix

Speech, Language, Voice & Swallowing Therapy

FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING (FEES) REFERRAL FORM

This form will serve as a referral for ENT consultation/follow-up, and for FEES assessment.

PATIENT INFORMATION

Name: _____

Address: _____ City: _____ Postal Code: _____

DOB (M/D/Y): _____ 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*:

severe agitation, cardiac disorder with acute risk of vasovagal episodes/bradycardia, history of vasovagal episodes/fainting, severe movement disorders, recent trauma to the nasal cavity/facial structures, bilateral obstruction of the nasal passage, severe bleeding disorder and/or nosebleeds. **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 diseas. **Yes** ____ **No** ____

Physician's Signature: _____ Date: _____

TREATING SPEECH-LANGUAGE PATHOLOGIST (IF APPLICABLE):

Name: _____ **Phone #:** _____

Organization: _____ **Fax #:** _____

Please include copies of the following: **1) SLP clinical swallowing assessment report** & **2) list of current medication.**

If a clinical exam has not been completed by an SLP, it will be completed as a part of the FEES exam. Please forward relevant GI and ENT reports if available.

Please fax this form to info@northentclinic.com or fax to **905-695-2508**

The FEES exam is privately paid by the patient. Paid invoices are provided and patients with extended health benefits may submit for reimbursement through their extended health benefits coverage.

NORTH ENT OTOLARYNGOLOGY

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