

Speech and Swallow Clinic Speech-Language Pathology Referral

401 W. Greenlawn Ave. Lansing, MI 48910 517-975-6653 Fax 517-975-6660

Patient Name:	Primary Telephone:
DOB:	Secondary Telephone:
Medical Diagnosis/ICD-Code:	Onset Date:

REFERRAL FOR VIDEOFLUROSCOPIC STUDY (VFSS)	
Evaluate for Diagnosis of:	
Dysphagia, Pharyngeal Phase - Difficulties may include: initiating swallow, choking, coughing, frequent	
pneumonia, gurgle or wet dysphonic voice after swallow, c/o food getting "stuck".	
Dysphagia, Oropharyngeal phase - Combination of complaints from the oral and pharyngeal phases	
Dysphagia, Oral Phase - Difficulty preparing/controlling a food or liquid bolus to swallow	
Dysphagia, Pharyngealesophageal phase - Complaint of food getting suck below the level of the larynx, with patient often pointing to the sternal notch	
Other dysphagia	
Triple Phase Video Swallow Study - A Barium swallow (esophogram) plus a VFSS will be completed when this	
box is checked.	

REFERRAL FOR SPEECH-LANGUAGE AND/OR VOICE REHABILITATION

Evaluate for Diagnosis of:

Aphonia - Complete loss of voice production

Dysphonia - Impairment in ability to produce vocal sounds

Aphasia - Impairment in ability in receptive and expressive speech and language function and

comprehension, reading and writing, speech production ability

Dysarthria - Impairment in speech production ability and intelligibility

Other-

REFERRAL FOR ONCOLOGY REHABILITATION

Cancer Diagnosis/ICD:

Evaluate patient, develop a plan and implement plan for the diagnosis of:

Dysphagia, Pharyngeal Phase - Difficulties may include: initiating swallow, choking, coughing, frequent pneumonia, gurgle or wet dysphonic voice after swallow, c/o food getting "stuck".

Dysphagia, Oropharyngeal phase - Combination of complaints from the oral and pharyngeal phases

Dysphagia, Oral Phase - Difficulty preparing/controlling a food or liquid bolus to swallow

□ Speech Intelligibility

Cognitive Deficits

Aphonia - Complete loss of voice production

Dysphonia - Impairment in ability to produce vocal sounds

Physician Printed Name: _____

Physician Signature: _____

Date: _____

