



Idaho Dysphagia Specialists

Providing mobile FEES to the patients of the Treasure Valley

Phone: 208.863.8370
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www.idahodysphagiaspecialists.com

PATIENT INTAKE FORM

Date: _____ Form Completed By: _____
Facility Name: _____ Location: _____
Contact Person: _____ Phone: _____
Email: _____
Facility SLP: _____ Referring MD: _____

Patient Name: _____ DOB: _____ Age: _____
Medication Allergies _____
Food Allergies: _____

Pertinent Medical History/Diagnosis: _____

CURRENT DIET:

Solids: _____ Liquids: _____ NPO? Y/N

Special Requests/Considerations: _____

I certify to Idaho Dysphagia Specialists, PLLC that the facility has obtained an order from the referring physician stating:

“FEES for dysphagia with lidocaine jelly 2% and Afrin (or generic) decongestant spray both instilled into nares x1”

Signature: _____

Title _____