



**HOME HEALTH INTAKE FORM**

**\*TO SCHEDULE A STUDY:**

Fax **ALL 3** of the following documents to **1-866-728-9321** : **(1)** This **\*COMPLETED\*** form **(2)** Oasis Form w/ demographics & insurance info **(3)** Dr.'s Order **written exactly** as follows:  
**"Dysphagia consultation including a Modified Barium Swallow Study (MBSS)."**

**\*\*PLEASE CALL SCHEDULING TO CONFIRM FAX WAS RECEIVED\*\***

\*We DO NOT do bedside or in home studies. Patient must be able to come out to the mobile clinic with his/her walker, wheelchair, etc. to have services performed. We have a wheelchair lift on our clinic.

Form Completed By: \_\_\_\_\_ SLP: \_\_\_\_\_ SLP Phone #: \_\_\_\_\_

Home Health/Dr.'s Office: \_\_\_\_\_ Home Health/Dr.'s office Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_\_ **\*SCHEDULE MBSS WITH:** \_\_\_\_\_ **#** \_\_\_\_\_

**Please Circle:** \*Any Insurance other than Medicare or PPO needs prior authorization obtained before submitting this intake\*

Med A Med B Self Pay PPO HMO AHCCCS / Skilled LTC AL IL Home Group Home

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

\*Patient's Or Facility's Address where MBSS will be performed: \_\_\_\_\_

City: \_\_\_\_\_ Referring Physician: (Please print first and last name) \_\_\_\_\_

**\*Medical History/Diagnosis:** (Check those that apply) \_\_\_\_\_ **Allergies:** \_\_\_\_\_

\_\_\_ CVA \_\_\_ Parkinson's \_\_\_ Alzheimer's \_\_\_ Dementia \_\_\_ CHF \_\_\_ COPD \_\_\_ Pneumonia

**\*\*List ALL other medical issues (or include an HMP/Progress note):** \_\_\_\_\_

**\*Does the patient carry a diagnosis of any communicable or infectious disease requiring isolation, special handling or special treatment** (such as TB, MRSA, VRE, Clostridium Difficile, Hepatitis A, B, or C)? \_\_\_ Yes \_\_\_ No

**\*If yes,** list diagnosis with current treatment, including start date: \_\_\_\_\_

**\*Reason for Dysphagia Consult:** \_\_\_ coughing \_\_\_ choking \_\_\_ difficulty swallowing \_\_\_ weight loss  
\_\_\_ pneumonia \_\_\_ respiratory distress \_\_\_ wet/gurgly phonation \_\_\_ pocketing \_\_\_ diet upgrade  
\_\_\_ pre-treatment diagnostic evaluation \_\_\_ high-risk diagnosis other \_\_\_\_\_

\*Does pt have PEG? \_\_\_ Yes \_\_\_ No \*Duration of dysphagia symptoms: \_\_\_ days \_\_\_ weeks \_\_\_ months \_\_\_ years

**\*Current SLP Treatment:** \_\_\_ Oral Motor \_\_\_ estim \_\_\_ thermal stim \_\_\_ pharyngeal exercises \_\_\_ none yet

**Dentition:** \_\_\_ full natural \_\_\_ limited natural \_\_\_ partials \_\_\_ dentures \_\_\_ edentulous

**Current Diet:** \_\_\_ Reg \_\_\_ Mech Soft \_\_\_ Pureed \_\_\_ NPO **Liquids:** \_\_\_ thin \_\_\_ nectar \_\_\_ honey \_\_\_ pudding

**Cognitive Status:** Communicates \_\_\_ Yes \_\_\_ No **Follows one step commands** \_\_\_ Yes \_\_\_ No \_\_\_ Inconsistent