



TO SCHEDULE A STUDY: Fax the following 3 documents to **1-866-728-9321**
(1) this form (2) with face sheet and (3) Doctor's Order (*Important!* - See Order instructions below)

INTAKE FORM

Form Completed By: _____ **Facility Phone #:** _____

Facility Speech Path: _____ **Contact Cell#:** _____

Date: _____ **Email Address:** _____

Please Circle One: Medicare A Medicare B Medicaid Private Insurance Self Pay

Patient Name: _____ **DOB:** _____ **Age:** _____

Facility: _____ **City:** _____

Referring Physician: (Please print first and last name) _____

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

Pertinent Medical History/Diagnosis (Check those that apply) **Allergies:** _____

___ CVA ___Parkinson's ___Alzheimer's ___Dementia ___CHF ___COPD ___Pneumonia

Other active medical issues: _____

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, give details including Dx, isolation status, nature of specific treatment including start/stop dates: _____

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

ORDER

Facility staff must obtain a written Doctor's Order from the referring physician **written exactly** as follows:
"Dysphagia consultation including a modified barium swallow study (MBSS)."

NOTE: For patients still in isolation and/or who have not finished disease-specific treatment, a statement from the attending Physician is required. It should state: **"this patient is free of communicable infectious disease and is cleared for MBSS on a mobile clinic."** Otherwise Diamond Diagnostics cannot do the patient on its mobile van until the patient is free of infection.