

# Mobile Dysphagia Consultation Order Form

(For Out Patient, Home Care, Assisted Livings, Dayhabs, Group Homes & Physician Offices)

Once Completed – Fax to MassTex Imaging at 978.279.1066 with **FACE SHEET, CONSENT & H&P**



## (1) EXAM TO BE SCHEDULED AT

Private Residence  Dayhab  Assisted Living  Other Facility Name (if applicable) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt/Bldg/Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## (2) SCHEDULING CONTACT

(For preliminary arrangements and day of exam contact)

Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Secondary # \_\_\_\_\_

## (3) INSURANCE INFORMATION

Medicare A  Medicare B Medicare # \_\_\_\_\_

Medicaid – Indicate State \_\_\_\_\_ Medicaid # \_\_\_\_\_

Other Policy \_\_\_\_\_

## (4) PATIENT DEMOGRAPHICS

Name \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

SS # \_\_\_\_\_

Can Patient Consent for Self  Yes  No

Health Care Proxy Invoked  Yes  No

## (5) TREATING SLP/OT/RN

Name \_\_\_\_\_

Cell # \_\_\_\_\_ Text  Yes  No

Best Contact # \_\_\_\_\_

Email \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

## (6a) ORDERING PHYSICIAN

\*NAME REQUIRED\* (PRINT LEGIBLY)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

## (6b) PHYSICIAN ORDER Dysphagia Consultation Including MBSS and Esophageal Assessment to Stomach

Ordering MD/NP/PA Signature \_\_\_\_\_ Date \_\_\_\_\_ NPI \_\_\_\_\_

Electronic Orders & Signed Orders on Facility Forms are also Accepted

Printed Name of Signing Party \*If different from section 6a\* First \_\_\_\_\_ Last \_\_\_\_\_

(6c) Reason(s) Mobile/Onsite Visit is Required  Emergent request due to elevated aspiration risk  Transport negatively impacts underlying physical condition  
 Fatigues easily, compromising test participation  Transport exacerbates behavioral problems and compromises test participation

## (7) MEDICAL HISTORY

(Check all that apply)

### Diagnosis

- CVA
- CHF
- COPD
- Developmental Delays
- Intellectual Impairment
- Parkinson's
- GERD
- Alzheimer's
- Dementia
- Pneumonia
- TBI/CHI
- Head/neck cancer
- Other \_\_\_\_\_

### Respiratory Status

- WFL
- O-2
- Trach Type \_\_\_\_\_ Size \_\_\_\_\_
- Vent
- Speaking valve

CONTACT PRECAUTIONS  Yes  No

If yes, reason \_\_\_\_\_

Food Allergies  Yes  No

If yes, list \_\_\_\_\_

## (8) MEDICAL NECESSITY FOR CONSULT

(Check all that apply)

- Breathing difficulty w/ PO intake
- Coughing
- Choking
- Dehydration
- Feeding Difficulties
- Food/pills getting stuck
- Gagging
- Esophageal reflux
- Globus sensation
- Heartburn
- Malnutrition
- Moist cough
- Pain on swallowing
- Pneumonia
- Poor PO intake
- Respiratory distress
- Shortness of breath
- S/S of silent aspiration
- Tearing with oral intake
- Vomiting
- Weight loss
- Wet vocal quality
- Wheezing with PO intake
- Other \_\_\_\_\_

### Duration of Symptoms

- New Onset
- Days
- Weeks
- Months

### Other Goals

- Determine least restrictive diet
- Determine safest diet
- Pre-treatment evaluation
- Determine appropriate swallow maneuvers/strategies

### Frequency of Symptoms

- All PO
- Liquids
- Solids
- Pills
- Saliva
- Other \_\_\_\_\_

### Status Change Due To

- Weight loss
- Malnutrition
- Pneumonia
- Reduced PO
- Increased awareness
- Decreased awareness
- Improved swallowing
- Decline in swallowing

## (9) SWALLOWING TREATMENT

- Not on caseload for dysphagia
- New Evaluation
- E-Stim
- Thermal Stim
- O-M ex.
- Pharyngeal ex.

Candidate for Strategies  Yes  No

## (10) CURRENT DIET

- NPO
- Gtube  Jtube  NGT
- Solids \_\_\_\_\_
- Liquids \_\_\_\_\_
- Trials \_\_\_\_\_
- Current Strategies: \_\_\_\_\_

## (11) SCHEDULING RESTRICTIONS