

# Home Health Intake Form for Professional Imaging Dysphagia Consult

**FAX to: 281-272-6281 or 1-877-676-6277** Required documents to schedule study: intake/correct order, face sheet with insurance information Phone #: 1-866-675-6277 **\*\*Scheduling may be delayed if 1-8 are not completed.\*\*** Pts **MUST** be able to come outside to the mobile clinic for the study by walker or wheelchair. We do have a lift. We do not perform studies at the bedside.

1. Address of where pt to be seen: \_\_\_\_\_  
City: \_\_\_\_\_ 9-digit Zip Code: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
Person completing form : \_\_\_\_\_ Contact # of person completing form: \_\_\_\_\_  
Patient home/cell phone #: \_\_\_\_\_ Date: \_\_\_\_\_ Fax/email report to: \_\_\_\_\_  
Check:  Medicare  Medicaid  Hospice  Primary Insurance Name: \_\_\_\_\_ # \_\_\_\_\_  
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M or F Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
2. Ordering Physician (first/last name required): \_\_\_\_\_

3. SYMPTOMS, primary medical reasons for consult (required): coughing coughing with po choking  
difficulty swallowing feeding difficulty risk of aspiration risk of silent aspiration breathing difficulty with po  
breathy vocal sounds food/pills getting stuck GERD/Esophageal reflux hoarse vocal quality malnutrition/ dehydration  
moist cough nausea pneumonia pocketing poor po intake recurrent pneumonia reflux respiratory distress runny nose  
shortness of breath spitting food/saliva tearing with oral intake vomiting weightloss wet vocal quality wheezing with po

4. Status Change due to : improvement decline weight loss malnutrition pneumonia reduced po  
New onset of: increased awareness decreased awareness choking coughing pocketing poor po  
Patient swallowing status: **BETTER (risk for silent aspiration and/or symptoms above)** or **WORSE (see symptoms above)**  
Other goals: find safest/least restrictive diet diet upgrade pre-TX feeding eval Dentition: natural poor dentures edentulous  
Current diet: Regular Mech Soft Puree NPO Current Liquids: Regular Nectar Honey Pudding NPO  
Duration of symptoms: days weeks months years unknown Frequency of symptoms: all po liquids solids pills saliva  
Does patient currently have PEG? Yes or No Communicates: Y or N Follows commands: Y or N  
Pertinent Medical History/Diagnosis (Required): Alzheimer's CVA CHF HTN CAD Dementia DM Dysphagia  
Parkinson's GERD COPD Hip Fx Pneumonia PEG CA other: \_\_\_\_\_  
Current Treatment? Oral/pharyngeal exercises e-stim thermal stim none at this time unknown  
Recent Bedside? Y or N Pt in favor of PEG if suggested: Yes No Unknown

5. CHECK ORDER PORTION-REQUIRED\*  
 **Include all of the below conditional assessments, if medically indicated, as part of a dysphagia consultation including the MBSS-comprehensive consult for medically complex patients**  
-Esophageal scan-approx. 30% of pts have asymptomatic esophageal dysphagia, view esophageal emptying into stomach  
-Vocal cord assessment-for closure to protect against aspiration  
-Mandibular/dental assessment-for structural integrity/abnormalities and function for chewing/muscular support to evaluate risk for choking with solids to determine appropriate diet level  
-Cervical spine/soft tissue assessment-for structural integrity/abnormalities and function, changes can lead to redirection of bolus increasing risk of aspiration and requiring a different level of strategy use  
-Frontal chest view-for aspiration when aspiration occurs, allows for a risk stratification for aspiration pneumonia  
-Physician consult requested for dysphagia-impact of po intake on prognosis, impact of medication and anatomy, quality of life and rehab candidacy discussion, recommendations for further consult  
OR-Write individual component(s) here: \*see guidelines at proimagnetx.com for further explanation: \_\_\_\_\_  
6. Check Reason(s) Mobile/Onsite Visit is Required:  emergent request due to elevated aspiration risk  
 requires supervision and special transport  transport negatively impacts underlying physical condition  
 fatigues easily, compromising test participation  transport exacerbates behavioral problems and compromises test participation  
7. Signature REQUIRED: X \_\_\_\_\_ RN LVN SLP Physician Signature: \_\_\_\_\_  
NURSE OR SLP TO SIGN AND **CIRCLE CREDENTIALS** TO VERIFY VERBAL ORDER (file in chart for physician to sign)

8. Consent (circle) Verbal consent received from patient/legal guardian? Yes or No  
\*May require advance beneficiary notice due to lack of Medicare coverage, you will be notified prior to study  
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