DIAMOND DIAGNOSTICS
Dysphagia Consultation Specialists

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INTAKE FORM

TO SCHEDULE A STUDY: Fax the following 3 documents to 1-866-728-9321
1) Intake Information, **2)** Patient Demographics, **3)** Dr.'s Order saying
"Dysphagia Consultation including a Modified Barium Swallow Study"

Patient Name:_____ DOB:_____ Age:_____

Facility/Home:_____ Bldg/Care Lvl:_____ Phone:_____

Address:_____ City/Zip:_____

To Schedule, Call:_____ Phone:_____

Day of Study Contact:_____ Phone:_____

SLP Name:_____ Phone:_____

Referring Dr.:_____ Fax:_____ Phone: _____

Check One: ◇ Medicare A ◇ Medicare B ◇ Medicaid ◇ Private Insurance ◇ Self Pay

*Reason for Dysphagia Consult/ Signs of Aspiration:*_____

◇ coughing ◇ choking
◇ difficulty swallowing ◇ pills
◇ regurgitating
◇ globus at_____
◇ wet/gurgly phonation

◇ diet upgrade
◇ pre-treatment diagnostic evaluation
◇ high-risk diagnosis
◇ weight loss

◇ assess role of dysphagia in pulmonary sequelae
◇ pneumonia
◇ oral pocketing
◇ other:_____

DIET: FOOD: ◇ Reg ◇ Mech Soft ◇ Puree ◇ NPO. *LIQUIDS:* ◇ Thin ◇ Nectar ◇ Honey
TRIALS: ◇ Reg ◇ Mech Soft ◇ Puree ◇ Honey ◇ Nectar ◇ Thin ◇ Water Protocol

*SLP COMMENTS:*_____

*Suspected/ Known Dysphagia Onset:*_____ *Non-Oral Feeding Route/ Date:*_____
*Medical Diagnoses Causing Dysphagia:*_____

◇ CVA, Where:_____
◇ Neuro-degenerative Disease:_____
_____
◇ TBI Type:_____
◇ Dementia, Onset:_____

◇ COPD, Onset:_____
◇ Surgery:_____
◇ Intubation Dates:_____
◇ Cancer Type:_____
◇ Radiation Tx Year:_____

*PMH:*_____

*Pneumonia / MBS History:*_____ *Allergies:*_____
Dentition: ◇ Complete ◇ Limited ◇ No Molars ◇ Partials ◇ Dentures ◇ Edentulous
Isolation (TB, MRSA, VRE, C-diff, Hepatitis, etc)? ◇ Yes ◇ No. Dx,_____ Days on Rx:____
Communication: ◇ Verbal ◇ Limited ◇ HOH. *Follow Commands?* ◇ Consistently ◇ Inconsistently

Strategies: ◇ Upright ◇ No distractions ◇ Small boluses ◇ Alternate Liq/Sol ◇ Slow Rate ◇ Chin Tuck
◇ No Straws ◇ Supraglottic ◇ Mendelsohn ◇ Head Turn ◇ Lip Seal ◇ Larger boluses ◇ Reclined
Exercises: *Cues the SLP gives :* "_____."

◇ None Yet
◇ Vocal
◇ Mastication
◇ Lingual retraction
◇ Effortful
◇ Masako
◇ Mendelsohn
◇ Shaker
◇ Supraglottic
◇ SuperSupraglottic
◇ NMES
◇ EMST/IMST