

FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING (FEES)  
Referral Form

Victoria Voice and Swallow Clinic, Inc. is now offering Flexible Endoscopic Evaluation of Swallowing (FEES). This is a safe, effective and objective instrumental assessment of swallowing, which is completed in office by a certified speech-language pathologist. **Please complete the following form, prior to booking the evaluation. This form will be attached to the PCP referral for ENT consultation/follow-up and for FEES biofeedback sessions, as required.**

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Patient's Phone #: \_\_\_\_\_ PHN #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PATIENT'S MEDICAL HISTORY:**

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Other relevant medical information: \_\_\_\_\_

**REFERRING PHYSICIAN:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please indicate whether the patient has any contraindications for:**

- **FEES** (these include: agitation, acute cardiac disorder, history of vasovagal episodes/fainting, severe movement disorders, recent trauma to the nasal cavity/facial structures, bilateral obstruction of the nasal passage, nosebleeds/epistaxis, taking oxygen): Yes \_\_\_\_\_ No \_\_\_\_\_
- **Lubricant, decongestant or topical anesthetic** (i.e. allergy): Yes \_\_\_\_\_ No \_\_\_\_\_
- **Food dye** (these include allergy or conditions that may increase gut permeability, such as: sepsis, severe burns, trauma with concomitant sepsis, cardiac bypass, abdominal aortic aneurysm, celiac disease, cystic fibrosis and Crohn's disease): Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TREATING SPEECH-LANGUAGE PATHOLOGIST (If applicable):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Please include copies of the following: 1) SLP clinical/bedside report and 2) list of current medications** (these are required prior to the FEES evaluation). If a clinical exam has not been completed by an SLP, it will be completed as a part of the FEES exam. Please forward relevant GI and ENT reports if available. **Please fax this form to 1-778-924-5096**

**FEES is a privately paid exam and a fee will be charged to the patient. Invoices and receipts are provided, sufficient for those with extended health benefits wishing to seek reimbursement.**