



Corporate Office: 688 Alliance Parkway • Hewitt, TX 76643

Local Phone: 254-772-2372

Local Fax: 254-751-9746

Toll Free Phone: 866-783-7801

Toll Free Fax: 866-783-7802

**MBSS / DYSPHAGIA CONSULT REQUEST FORM**

Patient Name: \_\_\_\_\_  M or  F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Ordering Physician Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Patient Hall/Room Number: \_\_\_\_\_

Facility or Rehab Phone: \_\_\_\_\_

Facility or Rehab Fax: \_\_\_\_\_

SLP or Nurse Contact Number or Cell Phone: \_\_\_\_\_

**REASON FOR MBSS/ DYSPHAGIA CONSULT:** (Check all that apply)

- s/s Aspiration
- change in P/O function
- diet upgrade
- least restrictive diet
- pleasure feed
- choking
- cough
- distress
- runny nose
- wet voice
- low weight
- Other \_\_\_\_\_

**PATIENT CONDITION & DIET**

Check all that apply:

**COGNITION:**  Good  Fair  Poor  Vent  Trach **ALLERGIES:** \_\_\_\_\_

**DIET STATUS:**  Peg  NPO  Regular  Mech Soft  Puree  Pudding  Honey

Nectar  Thin  Teeth  Dentures

**AMBULATORY STATUS:**  Walks without assistance  Walker  Wheelchair

Geri-Char \*\*\* Please call office for special instructions. MBSS study will be limited due to chair positioning.

**Other Pertinent information:** \_\_\_\_\_

**MBSS DIAGNOSIS CODES**

**PRIMARY DIAGNOSES:**

- 507.00 Pneumonitis (due to solids/liquids)
- 438.82 Dysphagia Cerebrovascular disease (CVA)

**ICD 9 Codes Below require a secondary diagnosis:**

- 787.20 Dysphagia, unspecified Difficulty in swallowing NOS
- 787.21 Dysphagia, oral phase
- 787.22 Dysphagia, oropharyngeal phase
- 787.23 Dysphagia, pharyngeal phase
- 787.24 Dysphagia, pharyngoesophageal phase
- 787.29 Other dysphagia

**SECONDARY DIAGNOSES:**

- Dyskinesia of esophagus
- Motor Neuron Disease
- Diverticulum of Esophagus, acquired
- Multiple Sclerosis
- Esophageal Reflux
- Myasthenia Gravis
- Eosinophilic Esophagitis
- Other specified infantile cerebral palsy
- Feeding difficulties & mismanagement
- Paralysis of vocal cords or larynx
- Hereditary Progressive Muscular Dystrophy
- Parkinson's Disease
- Malignancies of Head, Face & Neck
- Stricture & Stenosis of Esophagus
- Malignancies of Esophagus
- Systemic Sclerosis
- Other \_\_\_\_\_

**BILLING PAY TYPE**

- Part A Covered Stay (SNF)
- Medicare Part B (speech therapy bill)
- Medicaid Only
- HMO / Managed Care
- Private Insurance
- VA Contract
- Cash Pay \_\_\_\_\_



**HOME HEALTHCARE PATIENT DEMOGRAPHICS**

**PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION**

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

- **LIST OF CURRENT DIAGNOSES (OR COPY OF RECENT HISTORY & PHYSICAL)**

---

---

---

---

---

---

---

---

- **LIST OF MEDICATIONS**

---

---

---

---

---

---

---

---

- **MOBILITY STATUS**

---

---

---

---

---

---

---

---