

SPEECH AND AUDIOLOGY

Outpatient Order Form

Phone: (847) 535-6114 / Fax: (847) 535-7809



Appointments for service should be made with the clinical department. If you have not received a call from pre-registration, patients should arrive in the Speech and Audiology Department **15 minutes before** their appointment. Please bring your insurance card/s, and a referral from your physician (if required by your insurance plan.)

PLEASE NOTE THAT ALL BOLD PORTIONS OF THE FORM ARE NEEDED FOR THE ORDER TO BE COMPLETE.

Patient Name (Last, First):

Today's Date:

SS#:

Date of Birth:

Ordering / Referring Physician:

Scheduled Exam Date:

INSURANCE INFORMATION:

☐ MEDICARE

☐ OTHER

SIGNS OR SYMPTOMS/DIAGNOSIS:

(PLEASE NOTE: SIGN OR SYMPTOM/DIAGNOSIS NECESSITATING THE REASON FOR THE VISIT MUST BE PROVIDED PRIOR TO RENDERING THE SERVICE...DO NOT INCLUDE A 'RULE-OUT' DIAGNOSIS). WHEN ORDERING MULTIPLE TESTS ON THE SAME ORDER FORM, PLEASE INDICATE A SIGN OR SYMPTOM/DIAGNOSIS FOR EACH TEST/TREATMENT.

ICD-9 Code:

	SPEECH THERAPY		RELEVANT MEDICAL HISTORY		AUDIOLOGY ORDERS
	Evaluate and Treat		CVA		Audiological Evaluation
	Articulation		Traumatic Brain Injury		Tympanogram
	Language		CA		Electronystagmography (ENG)
	Fluency		Vocal nodules/polyps		Vestibular rehabilitation
	Voice		Seizures		Semont/Canalith repositioning
	Aphasia		Cleft lip/palate		Auditory Evoked Response Testing (ABR)
	Swallowing-Clinical		GERD		Hearing aid evaluation
	Swallowing-VFSS		Hearing loss		Otoacoustic Emission (OAE)
			Pneumonia		Visual Evoked Response
			Pulmonary disease		Electrocochleography
			Low birth weight		Other:
			Developmental delay		
			Autism spectrum		
			Neurological diagnosis		
			Otitis media		
			Ear surgery		
			Tinnitus		
			Noise exposure		
			Familial hearing loss		
			Allergies		
			Diabetes		
			Other:		

PHYSICIAN'S SIGNATURE:

Physicians phone #: _____ Fax # _____

June, 2001