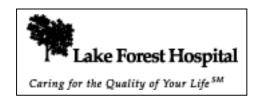
SPEECH AND AUDIOLOGY

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 <u>15 minutes before</u> 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: MEDIC	CARE OTHER
SIGNS OR SYMPTOMS/DIAGNOSIS: (PLI	EASE NOTE: SIGN OR SYMPTOM/DIAGNOSIS NECESSITATING THE REASON FOR THE
	THE SERVICEDO NOT INCLUDE A 'RULE-OUT' DIAGNOSIS). WHEN ORDERING LEASE 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	Electronystagnography (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:	

<u>PHYSICIAN</u>	'S SIGNATURE:	
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Physicians phone #:	Fax	:#
		June, 2001