



Speech & Audiology Outpatient Order Form

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

PATIENT INFORMATION (Please note that all bold portions of the form are needed for the order to be complete.)

Last Name **First Name/MI**

 Today's Date

 Social Security Number

 Email Address

Date of Birth

 Ordering/Referring Physician

 Office/Fax Number

 Sceduled Exam Date

INSURANCE INFORMATION Medicare Other

Signs or Symptoms/Diagnosis Please provide this information prior to rendering the service. When ordering multiple tests on the same order form, please indicate a sign or symptom for each test/treatment:

ICD-9 Code:

Lake Forest Hospital

660 N. Westmoreland Road
 Lake Forest, Illinois 60045-1696
 (847) 535-6114 phone / (847) 535-7809 fax
 Central Scheduling:
 (847)535-8000 / (847)535-8001 fax

SPEECH THERAPY

Evaluate and Treat

- Articulation
- Language
- Fluency
- Voice
- Aphasia
- Swallowing-VFSS
- Neuromuscular Stim for Swallowing
- Cognition
- Pediatric feeding
- Other: _____

- Autism spectrum
- Neurological diagnosis
- Otitis media
- Ear surgery
- Tinnitus
- Noise exposure
- Familial hearing loss
- Allergies
- Diabetes
- Other: _____

RELEVANT MEDICAL HISTORY

- CVA
- Traumatic brain injury
- CA
- Vocal nodules/polyps
- Seizures
- Cleft lip/palate
- GERD
- Hearing loss
- Pneumonia
- Pulmonary disease
- Low birth weight
- Developmental delay

AUDIOLOGY ORDERS

- Audiological Evaluation
- Tympanogram
- Videonystagmography (VNG/ENG)
- Vestibular Rehabilitation
- Semont/Canalith Repositioning
- Auditory Evoked Response Testing (ABR)
- Hearing Aid Evaluation
- Otoacoustic Emission (OAE)
- Visual Evoked Response
- Electrocochleography
- Auditory Evoked Response Screening
- Other: _____

Physician's Signature

 Phone

 Fax