Provider Referral Form

CLIENT INFORMATION - ADULT

Notice Regarding Electronic Communication and HIPAA Compliance

All referral information submitted electronically via email **must be sent from a protected, HIPAA-compliant server** to ensure the privacy and security of patient health information. Please note that **all** email communications from SaSS KC are HIPAA-compliant. If you prefer to send referrals via fax, they may be sent securely to: (913) 601-8176.

Client Information

Patient's Name	
D.O.B.	
Primary Diagnosis	
Address	
Email	
Phone	

Physician Information

Physician Name	
NPI #	
Office/Clinic Name	
Office/Clinic Address	
City/State	
Phone	
Fax	

Referral Reason			
Speech/Language Evaluation	☐	Speech/Language Treatment	☐
Swallowing/Dysphagia Treatment	☐	Swallowing/Dysphagia Treatment	☐
Cognitive-Communication Evaluation	☐	Cognitive-Communication Treatment	☐
Fiberoptic Endoscopic Evaluation of Swallowing	☐		
Area(s) of Concern or Need			
Articulation	☐	Language (Spoken)	☐
Language (Written)	☐	Fluency/Stuttering	☐
Auditory Processing	☐	Voice	☐
Cognitive-Communication	☐	Swallowing	☐
Social Language	☐	Alternative Communication (AAC)	☐

Provider Signature: _____

Date: _____

Speech & Swallowing Specialists of Kansas City

www.sasskc.com

info@sasskc.com

Phone: (816) 286-4748

Fax: (913) 601-8176