



**HANDOUT-ABLE: Initiating a Speech Records Request**

Patient's name: \_\_\_\_\_

Hospital/Facility: \_\_\_\_\_

Today's date: \_\_\_\_\_

Focus dates: \_\_\_\_\_

Records needed:

(Purpose: \_\_\_\_\_)

Modified barium swallow study/FEES

Speech clinical swallow evaluation records

Speech communication records

Speech cognitive-linguistic records

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
SLP Name (printed)

\_\_\_\_\_  
SLP Name (signature)

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Patient Name/POA (printed)

\_\_\_\_\_  
Patient Name/POA (signature)