



### **HANDOUT-ABLE: Referrals and Requests for Related Professionals (Patient-Specific), Instructions**

When it is indicated to ask for specific resources (or that detailed recommendations be pursued), it is important to document the relay of these requests. Sometimes, colleagues that we work alongside, such as: social workers, other therapists, nurses, case managers, administrators etc. – will benefit from documentation of our efforts.

This resource is a checklist and descriptor resource for the purposes of:

- Indicating the referral, resource request, or recommendation;
- Explaining rationales;
- Listing details – such as barriers, payor source information, timeframe needs, options which are available, etc.;
- Providing a section for “other” for items/recommendations/resources that are not typically requested for unusual circumstances;
- A rating of the significance of the urgency of the request;
- Details on the factors related to urgent requests, if applicable;
- Detailing on timing/documentation occurrence by the referring SLP on recommending details; and,
- Allow for a section for a confirming signature upon receipt.

SLPs/clinicians can check the boxes which apply, and complete the information as part of the information-exchange process.

Listed as well are the references, which document the need for the content of this resource.



**HANDOUT-ABLE: Referrals and Requests for Related Professionals (Patient-Specific), Page 1**

The following is a detailing of recommendations; could steps please be taken to follow up --

<u>Item/Resource/Referral Recommended:</u>	<u>Rationale:</u>
<input type="checkbox"/> Dentist or Oral Surgeon Referral	___ Poor dentition. ___ Need for pulled teeth so dentures can be pursued – FULL/PARTIAL ___ Need for full set of dentures. ___ Need for partial dentures. ___ Current dental pain. ___ Dental issue directly impacts swallowing status. ___ Dental issue directly impacts articulation. ___ Dental issue directly impacts: _____ ___ Need for denture readjustments. ___ Previous dentures were misplaced. _____
<input type="checkbox"/> Audiology referral	___ Hearing aide repair need. ___ Recent change in hearing abilities. ___ Need for hearing evaluation. Reason: _____ _____
<input type="checkbox"/> Ear Nose and Throat Provider Referral	___ Need for consideration for clearance: formal SLP voice treatment. ___ Concern observed, requesting examination: _____ _____
<input type="checkbox"/> Optometry/Ophthalmology	___ Need for a new set of glasses. ___ Recent visual changes. ___ Visual neglect. ___ Current eyeglasses are damaged/broken. ___ Requires an updated prescription. Reason: _____ _____
<input type="checkbox"/> Gastroenterology Referral	___ Esophageal concerns. ___ Symptoms: _____ Onset: _____ _____
<input type="checkbox"/> Supplies Requested	___ Provale Cup 5 cc (blue) 10 cc (brown). ___ Nosey cup. ___ Maroon spoons. ___ Dry erase board for communication. _____



Nice Speech Lady

**HANDOUT-ABLE: Referral and Requests for Related Professionals (Patient-Specific), Page 2**

Consideration for a Different Setting

- \_\_\_ Requested Reason: \_\_\_\_\_
- \_\_\_ Assisted living. MIN Assist vs. MOD Assist. vs. MAX Assist. Details: \_\_\_\_\_
- \_\_\_ Independent living.
- \_\_\_ Long-term care.
- \_\_\_ Skilled-nursing for rehabilitation services.
- \_\_\_ Occasional assistance, but living in the home, is a topic to discuss. Details: \_\_\_\_\_
- \_\_\_ Living alone at home -- without assistance, is a topic to discuss. Details: \_\_\_\_\_
- \_\_\_ Home health services may be indicated.
- \_\_\_ Patient/family requesting a transfer to another setting.
- \_\_\_ Patient may be a candidate for hospice at this time.
- \_\_\_ New information has come to light that is significant to the patient's situation: \_\_\_\_\_
- \_\_\_ Patient has good caregiver support for a transition in setting.
- \_\_\_ Patient has fair caregiver support for a transition in setting.
- \_\_\_ Patient has poor support for a transition in setting, at this time.

Need for a Team Meeting

- \_\_\_ Discuss discharge planning details: \_\_\_\_\_
- \_\_\_ Patient safety issues exist. Details: \_\_\_\_\_
- \_\_\_ Patient has unmet needs. Details: \_\_\_\_\_
- \_\_\_ Complex details need to be discussed: \_\_\_\_\_
- \_\_\_ Coordination with team is needed: \_\_\_\_\_
- \_\_\_ Planning is indicated to address patient goals: \_\_\_\_\_
- \_\_\_ Information to be relayed: \_\_\_\_\_
- \_\_\_ Patient request.
- \_\_\_ Family or loved one's request.
- \_\_\_ Outside agency request. Details: \_\_\_\_\_
- \_\_\_ Internal staff request. Details: \_\_\_\_\_
- \_\_\_ Other source's request: \_\_\_\_\_



**HANDOUT-ABLE: Referrals and Requests for Related Professionals (Patient-Specific), Page 3**

Service Coordination Requested

- \_\_\_ Meals on Wheels.
- \_\_\_ Setting-up food bank resources.
- \_\_\_ Pursuing low-cost or no-cost prescription options.
- \_\_\_ Applying for a disability-based Medicaid program.
- \_\_\_ Applying for an income-based Medicaid program.
- \_\_\_ Applying for community programs to accommodate patient’s home (ramp, grab bars, etc.) Details: \_\_\_\_\_
- \_\_\_ Setting up transportation for the patient to medical appointments.
- \_\_\_ Patient requires pursuit of program qualifying for home caregiving.
- \_\_\_ Pursuing if insurance would cover a specialized request: \_\_\_\_\_
- \_\_\_ Interpretation services are needed. Language: \_\_\_\_\_
- \_\_\_ Referral: counseling. Details: \_\_\_\_\_
- \_\_\_ Referral: psychiatry. Details: \_\_\_\_\_
- \_\_\_ Referral: pain management
- \_\_\_ Referral: neurology. Details: \_\_\_\_\_
- \_\_\_ Referral: dietician Details: \_\_\_\_\_
- \_\_\_ Referral: palliative care provider. Details: \_\_\_\_\_
- \_\_\_ Referral: pulmonologist. Details: \_\_\_\_\_
- \_\_\_ Referral: video swallow assessment/modified barium swallow study.
- \_\_\_ Referral: FEES (fiberoptic endoscopic evaluation of swallowing).
- \_\_\_ Referral: patient connection with insurance health advocate.
- \_\_\_ Referral: arranging respite care. Details: \_\_\_\_\_
- \_\_\_ Referral: day program arrangements. Details: \_\_\_\_\_
- \_\_\_ Referral: patient support group. Details: \_\_\_\_\_
- \_\_\_ Referral: \_\_\_\_\_
- \_\_\_ Patient/family/POA request to speak to the ombudsman.
- \_\_\_ Patient/family request documentation on change in POA status. Details: \_\_\_\_\_
- \_\_\_ Patient/POA desires to change code status/advanced directive documentation. Details: \_\_\_\_\_
- \_\_\_ Need for coordinating a caregiver education appointment: \_\_\_\_\_
- \_\_\_ Counseling or other support for family members: \_\_\_\_\_
- \_\_\_ Patient/POA have questions about insurance coverage. Details: \_\_\_\_\_
- \_\_\_ Cultural accommodation needs that have been communicated by patient or family: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**HANDOUT-ABLE: Referrals and Requests for Related Professionals (Patient-Specific), page 4**

**Other Referrals/Resources/Requests:**

Item/Resource Recommended:

Rationale:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Barriers to any above requests:

Details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payer Source Information:

\_\_\_\_\_

\_\_\_\_\_

Details on Options Which Are Available:

Details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Details To Note:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**HANDOUT-ABLE: Referrals and Requests for Related Professionals (Patient-Specific), page 5**

Urgency of Request:

- There is **no urgency**.
- There is a **slight urgency**.
- There is a **mild urgency**.
- There is a **moderate urgency**.  
Due to: \_\_\_\_\_
- There is a **high urgency**.  
Due to: \_\_\_\_\_
- Please arrange as **STAT**. This is of the **highest urgency**. Due to: \_\_\_\_\_

Other Details on the Factors Related to Urgent Requests:

\_\_\_\_\_

\_\_\_\_\_

If there is more than one recommendation, list the secondary subject: \_\_\_\_\_

Circle the urgency level: none/slight/mild/moderate/high/highest for STAT urgency.

Tertiary subject: \_\_\_\_\_

Circle the urgency level: none/slight/mild/moderate/high/highest for STAT urgency.

**Documented in the recommending clinician's EMR?**

**Yes**

**No**

**Planned by end of day**

Receipt Signature: \_\_\_\_\_

Signature	Printed Full Name	Role	Date
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SLP Signature: \_\_\_\_\_

Signature	Printed Full Name	SLP Role	Date
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**HANDOUT-ABLE: Referrals and Requests for Related Professionals (Patient-Specific), References**

References

Esquivel, Adol. [“Characterizing, Assessing and Improving Healthcare Communication,” UT SHIS Dissertations](#), 12-1-2008.

Reichman M. [Optimizing referrals & consults with a standardized process. Fam Pract Manag.](#) 2007 Nov-Dec;14(10):38-42.