Melbourne Swallow Analysis Centre (MSAC)

Referral Form

Patient Name
……

Date of Birth
……..

Contact Number
……..……

We provide comprehensive swallowing evaluation with the following diagnostic services: (please tick)

- ☐ Endoscopic Evaluation of Swallowing (FEES)
- ☐ Videofluoroscopic Swallowing Study (VFSS)
- ☐ pH testing - Oral Salivary Pepsin Kit
- ☐ pH testing - 24 hour pH/impedence
- ☐ Transnasal Oesophagoscopy (TNO)
- ☐ Hi-Resolution Impedence Manometry
- ☐ Consultation with Swallow assessment team: ENT and Speech Path
- ☐ Swallowing therapy with Speech Path

Mr Paul Paddle
ENT Specialist/Laryngologist
376 Victoria Parade
East Melbourne VIC 3002

Phone: +61-3-9416-0633

info@melbswallow.com.au

Fax: +61-3-9417-3293

Referral Details (include reason for referral)

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Relevant Medical History

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Current Medications (may prefer to attach list)

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Priority for appointment: ☐ Routine (minimum 2-4 week waiting list) ☐ Urgent (< 2 weeks)

Name and contact details of referring agent

Name…… Signature ……

Provider Number……

PLEASE RETURN THIS REFERRAL FORM TO THE CLINIC VIA EMAIL, FAX, or MAIL

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