**Vault with your Voice Speech & Swallowing Services**
Jenna Pellegrini, M.S. CCC-SLP
Pronouns: she / her
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Phone: (951) 968-5554
Fax: (951) 968-5514

**Website:** www.vaultwithyourvoice.com
Please fax to: **(951) 968-5514**

Client: _____ DOB_____

Phone: _____ Alternate phone: _____

Diagnosis: _____ Diagnosis Code: _____

Date of Onset/Injury _____ Date of Surgery: _____

Special Instructions/Precautions: _____

____ Voice Evaluation (CPTs 92524 + 92520)

____ Speech Evaluation (CPTs 92522 + 92520)

____ Individual Speech/Voice/Language Therapy (CPT 92507)

____ Aphasia Evaluation (CPT 96105)

____ Clinical Swallow Evaluation (CPT 92610)

____ Dysphagia Therapy (CPT 92526)

____ Cognitive-Communication Evaluation (CPT 96125)

____ Individual Cog-Comm Treatment (CPTs 97129 & 97130)

Physician Signature: _____ Referral Date: _____

Physician Name (print): _____

Physician Phone: _____ Fax: _____

***Please attach relevant medical records including: relevant hospital records, imaging (MBSS, Chest XR, Barium Swallow Studies, Head CT/MRI reports), most recent consults with ENT (including laryngoscopy results), Gastroenterology, Neurology, Pulmonology, head/neck surgery records, GERD/LPR work-up, current medications, previous speech therapy or modified diet recommendations. Thank you!***