Speech/Language Pathology Referral Checklist

Speech/Language Evaluations and Treatments

To avoid scheduling delays, please submit all required documentation with the referral.

Patient Information

☐ Patient full legal name

☐ Patients parent or legal guardian full legal name

☐ Date of birth of patient

☐ Phone number(s)

☐ Mailing address

☐ Preferred language/interpreter needs

☐ Insurance information included

☐ Reason for Referral

Referring Provider Information

☐ Provider name and credentials

☐ Clinic/practice name

☐ Phone number

☐ Fax number

☐ Contact person for referral questions

Clinical Documentation (if available)

☐ Most recent provider office note

☐ Relevant medical history

☐ Current medication list

☐ Allergy list

☐ Prior audiogram(s)

☐ ENT notes

☐ Imaging reports (MRI/CT)

☐ IEP/School Reports

☐ Prior Evaluations or Progress Reports

PLEASE NOTE: The UVM Eleanor M. Luse Center is **NOT** affiliated with UVM Medical Center. We do not have access to Epic or MyChart. Please keep this in mind when sending referrals and patient records.

Referrals can be faxed to 802-656-2528.