Rehab & Wellbeing Centre
Sinai Health System

# THE VOICE CLINIC

**Fill Out / Stamp**

**Patient Name:**
**Date of Birth:** M / D / Y
**Address:**
**OHIP #:** **Ver. Code:**
**Tel:**
**Email:**

**Please Select One:**

☐ **Otolaryngology-HNS Assessment Only**

- Stroboscopic Evaluation for diagnostic purposes
- Surgical Intervention
- SLP Involvement to be determined at the discretion of Physician

☐ **Otolaryngology-HNS / SLP Joint Assessment**

- Further Investigation required by multidisciplinary Otolaryngology and SLP services
- SLP not covered by OHIP; fee will apply

☐ **SLP Assessment/Treatment**

- No Otolaryngology involvement - diagnosis already established by the referring physician
- Therapy services only
- SLP not covered by OHIP; fee will apply

**Structural:**

☐ Nodules
☐ Polyp
☐ Reinke's edema/polypoid degeneration
☐ Laryngitis (☐ acute / ☐ chronic)
☐ Presbylarynges or Bowing
☐ Other: _____

**Non-Structural:**

☐ Muscle Tension Dysphonia
☐ Vocal Phonotrauma/Misuse
☐ Vocal Fatigue
☐ Transgender Voice and Communication
☐ Singing Voice Rehabilitation
☐ Other: _____

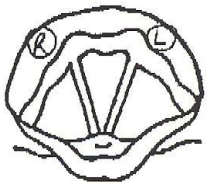
**Neurogenic:**

☐ Paralysis: (☐ Right / ☐ Left)
☐ Suspected Spasmodic Dysphonia
☐ Other: _____

**Idiopathic Disorders:**

☐ Chronic Cough
☐ Paradoxical Vocal Fold Dysfunction
☐ Congenital Anomaly (specify): _____

**Additional Information:**

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**Fill Out / Stamp**

**Physician Name:**
**Billing #:** *REQUIRED*
**Address:**
**Tel:**
**Fax:** *REQUIRED*

**EMAIL / FAX / MAIL TO:**
**REHAB AND WELLBEING CENTRE AT MOUNT SINAI – VOICE CLINIC**
Rm 450, 20th Floor - 600 University Avenue
Toronto, ON M5G 1X5
Tel: 416-619-5546 Fax: 416-619-5548
Email: rehabandwellbeing.msh@sinaihealthsystem.ca

**Physician Signature:** _____ **Date:** _____