

Mount Sinai Hospital - Otolaryngology Voice Clinic Referral Form

600 University Avenue, Toronto, Ontario, Canada M5G 1X5
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Clinical Guidance

Patient will be assessed including a detailed laryngeal exam with videostroboscopy. Medical or surgical interventions will be made according to the Laryngologist's assessment. If voice therapy is recommended, patients will be referred separately to a specialized speech language pathologist.

Referring Provider Information (Mandatory)

- o Name: _____ Billing #: _____
- o Telephone #: _____ Fax #: _____

Additional Patient Information

- Referring provider is NOT the patient's primary care physician (*Mandatory*)
 - o Primary Care Physician Name: _____
 - o Fax #: _____

Reason for Referral

Select all that apply: (*Mandatory, multi-select*)

- Voice**
 - Structural: Nodules, Polyp, Atrophy/Bowing
 - Neurogenic: Paralysis (right/left), Spasmodic Dysphonia
 - Non-structural: Muscle Tension Dysphonia, Vocal Fatigue/Strain, Transgender Voice
 - Other: _____

- Swallow**
 - Globus
 - Dysphagia (Solids, liquids, or all consistencies)
 - Other: _____

- Respiratory**
 - Cough
 - Paradoxical Vocal Fold Dysfunction
 - Glottic/Posterior glottic stenosis
 - Subglottic stenosis
 - Other: _____

Brief Clinical History (*Mandatory*):

Supporting Documentation:

Please attach all **relevant** diagnostics/imaging investigations from last **6 months**.

Referrals can be faxed to the below office or through Ocean eReferral Network:

Dr. Taryn Davids
581 Davis Drive, Suite 104,
Newmarket, ON, L3Y 2P6
Phone: 905-898-2444 **Fax:** 905-898-5558



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