# **Initial Speech-Language Evaluation Report**



**Suburban Pediatric Therapies** 

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First: Jon
Last: Sudlow
DOB: Sept. 8, 1985
Sup. Clinician: Karin Sudlow
Clinician: Maryle Streep
Visit Date: April 29, 2015

Physician Information

Patient: Jon Sudlow

Ref. Physician: na
Ref. Phone: na
Ref. Fax: na
Pediatrician: na
Phone: na
Fax: na

Diagnosis:	Phonological Disorder
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## **Identifying Information and Referral:**

ident

#### **Parent Concern:**

parent

## **Background Information:**

background

## **Pregnancy and Birth:**

pregnancy

### Medical:

medical

### **Developmental:**

devel

## Family/Social:

family

### **Education:**

edu

Hearing:
hearing
Cranial Nerve Exam:
cranial
Voice and Fluency:
voice
Clinical Impressions and Recommendations:
clinical impressions and recommendations
Diagnosis:
Phonological Disorder
Referrals and Follow Up:
refs
Short Term Goals:
short
Long Term Goals:
long
Statement of Medical Neccessity:
statement
Electronic Signature:
electronic