Subjective (S):  
  
Chief Complaint (CC): The patient, M.A., is presenting today with the need for assistance and training in using technology for scheduling and reminders, related to his TBI-induced blindness and cognitive communication deficits.  
  
History of Present Illness (HPI): M.A. is a young male who attended a virtual session with his mother, his primary caregiver. The visit's purpose was to assess M.A.'s needs regarding the use of technology for scheduling and reminders. Following a brain injury, M.A. suffers from blindness and cognitive communication issues, requiring assistance and reminders for regular therapy appointments and scheduling of medical/dental appointments. M.A. utilizes Siri on his iWatch and iPhone, with his mother assisting in setting up appointments and reminders.  
  
History:  
- Medical history: Traumatic Brain Injury (TBI) resulting in blindness and cognitive communication deficits.  
- Surgical history: Not mentioned.  
- Family history: Not provided.  
- Social history: M.A. resides with his parents, who are his primary caregivers. There is a reliance on caregivers and technology for completing Activities of Daily Living (ADLs).  
  
Review of Systems (ROS):  
- General: Not specifically discussed, but implies the need for support due to cognitive and visual impairments.  
- Gastrointestinal: Unremarkable.  
- Musculoskeletal: Unremarkable.  
  
Current Medications, Allergies: Not specifically detailed in the session conversation.  
Objective (O):  
  
Vital Signs:  
- Not provided in the conversation data.  
  
Physical Exam Findings:  
- Not conducted within the parameters of this documented session.  
  
Laboratory Data:  
- No laboratory data discussed.  
  
Imaging Results:  
- No imaging results discussed.  
  
Other Diagnostic Data:  
- User Needs Assessment: Completed interview-based assessment to determine needs for scheduling and reminders.  
- Technology Utilized: Siri on iWatch and iPhone for setting reminders and appointments.  
- Role of Mother: Acts as a caregiver assisting with setting up appointments and reminders, illustrating dependence on caregiver support.  
  
Recognition and Review of Documentation by Other Clinicians:  
- None specified within the session conversation, though verbal modeling and assistance by the session clinician are noted for command practice.  
  
Other:  
- Group Training/Alexa Command Practice was conducted:  
 - M.A. practiced voice commands with varying success and required verbal modeling from the clinician.  
 - M.A. succeeded with some commands with prompting; e.g., needing verbal cues for loudness and struggled with specifying necessary details, causing Alexa to request clarification.  
  
Overall, this session primarily focused on assessing and supporting M.A.'s ability to use digital assistants for gaining independence in scheduling daily activities despite cognitive and sensory impairments induced by TBI.  
Assessment and Plan (A/P):  
  
Problem 1: Cognitive and Visual Impairments post-TBI  
Differential Diagnoses:  
- Traumatic Brain Injury (TBI), resulting in cognitive communication deficits and blindness.  
- The main focus remains on M.A.'s ability to independently manage daily tasks through digital assistants due to his impairments.  
   
Discussion:  
M.A. exhibits significant challenges in performing Activities of Daily Living (ADLs) independently due to cognitive and visual impairments stemming from a traumatic brain injury. The patient relies heavily on caregiver assistance, particularly for scheduling activities and reminders using digital devices. The current session included a user needs assessment that demonstrated a lack of independence in operating devices like Alexa due to blindness and communication deficits. M.A.'s participation in training exercises revealed the ability to follow verbal modeling but highlighted difficulty in modulating voice volume and responding with specificity when setting reminders.   
  
Plan:  
1. Further Training:  
 - Continue to provide verbal modeling and increase independence in using voice-activated technology. Practice articulating commands with appropriate volume and specifying necessary details.  
 - Introduce exercises to enhance M.A.'s fluency in using alternative expressions to achieve intended interactions with digital assistants.  
  
2. Assistive Technology:  
 - M.A. should soon receive his Echo Show device which could offer more accessible features aiding visually impaired users. Monitor his adaptability with the new device and adjust training methods as needed.  
  
3. Home Exercise Program:  
 - Incorporate structured practice tasks at home. These will include creating and canceling alarms and reminders with specific time prompts, particularly addressing the modulation of vocal output.  
  
4. Caregiver Involvement:  
 - Continued involvement of M.A.'s caregivers, given their integral role in daily functioning. Educate caregivers about specific coaching strategies to incrementally increase M.A.’s independence.  
 - Encourage caregivers to allow M.A. space to attempt tasks independently while being available to assist when necessary.  
  
5. Follow-Up:  
 - Follow-up virtual training sessions to reassess progress and refine home practice methods. Adjust training intensity based on M.A.’s comfort and success with device interactions.  
  
Patient Education and Counseling:  
- Instruct M.A. and his mother on using clear, concise commands and responding to Alexa's follow-up questions. Encourage exploring varied phrasings to enhance command execution.  
- Educate the family on setting realistic goals for independence, emphasizing consistent practice.  
   
No further referrals are necessary at this time; however, ongoing collaboration with caregivers and possibly an occupational therapist may improve the integration of assistive technology into M.A.’s daily routine.