### EXTRACTION PHASE  
  
\*\*Key Information Points from Conversation:\*\*  
1. L.V.G. has difficulties with verbal communication, particularly with letter-specific tasks.  
2. L.V.G. mentioned having anomia.  
3. Patient's previous speech therapy did not help.  
4. L.V.G. plays bridge online and paints.  
5. Struggles to be understood on the phone due to aphasia.  
6. Engages in daily tasks independently.  
7. Has multiple doctors due to health issues.  
8. Participated in verbal repetition tasks with some success.  
9. Participated in numeration and categorization tasks.  
10. Uses Alexa and desires to utilize technology for daily tasks.  
  
### VERIFICATION PHASE  
  
\*\*Check each point against the SOAP note:\*\*  
1. Verbal communication difficulties noted. (Present)  
2. Anomia mentioned. (Present)  
3. Previous speech therapy mentioned as ineffective. (Present)  
4. Activities such as online bridge and painting noted. (Present)  
5. Phone communication struggles due to aphasia noted. (Present)  
6. Independent task management generally noted. (Present)  
7. Multiple doctors due to health issues mentioned. (Partially Present, not detailed)  
8. Participation in verbal tasks noted. (Present)  
9. Participation in numeration and categorization noted. (Partially Present for categories)  
10. Use of Alexa noted. (Present)  
  
### METRIC CALCULATION  
  
1. \*\*Missing Details:\*\*  
 - Details of specific tasks noted without supportive evidence in some places, especially how the ability deteriorates in verbal repetitions.  
 - Mentioned "notable holidays" without specifying participant's mentioned holidays. (-0.5)  
  
2. \*\*Unsupported Statements:\*\*  
 - No unsupported statements identified.  
  
3. \*\*Inconsistencies:\*\*  
 - No inconsistencies identified between sections.  
  
4. \*\*Vague/Generic Documentation:\*\*  
 - Lack of specific details on the exact cognitive communication deficits. (-0.5)  
 - General statement about the use of technology without detailing steps or specific commands. (-0.5)  
  
5. \*\*Improper Terms/Formatting Issues:\*\*  
 - Incorrect use of medical terminology: "Speech Intelligibility" when it should focus more on "Communication Efficacy" regarding phone interactions. (-0.5)  
 - Formatting: Missing sub-header for transitions between subjective and objective information. (-0.25)  
  
### SECTION SCORING  
  
#### Subjective (S)  
- Deductions: 1 (vague statement and missed details)  
- Score: 9/10  
  
#### Objective (O)  
- Deductions: 0.5 (generic documentation)  
- Score: 9.5/10  
  
#### Assessment (A)  
- Deductions: 0.5 (improper use of terminology)  
- Score: 9.5/10  
  
#### Plan (P)  
- Deductions: 0 (well-detailed plan)  
- Score: 10/10  
  
### TOTAL DEDUCTIONS  
  
Total: 1 + 0.5 + 0.5 + 0 = 2 points deducted  
  
### CAPS APPLICATION  
  
- No major clinical inconsistencies identified.  
- No critical conversation information is entirely missing.  
- All sections present and adequate.  
  
### FINAL CALCULATION  
  
SOAP Note Score = MIN(10, 10 - 2, 9 + 2, No applicable caps triggered) = 8/10  
  
\*\*Rating: 8/10\*\*   
  
The score accounts for missing details and vagueness but highlights thorough assessment and planning. The note accurately reflects significant aspects of the conversation with minor points for improvement.