

Initial Evaluation

Patient Name	:	adnic adnic	Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04
Gender	:	Male	Doctor's Name	:	Doctor Vision
			Date	:	2024-02-01

Siblings g

Informant:g

Date of Evaluation11/24/2024
12:00:00 AM


Medical Diagnosis: g

Presenting Symptoms: g

HEARING STATUS:g

<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Middle ear effusion	<input checked="" type="checkbox"/> Sensory-neural hearing loss	<input checked="" type="checkbox"/> Conductive hearing loss
Devices/Aids	<input checked="" type="checkbox"/> Nil	<input checked="" type="checkbox"/> Hearing Aid	<input checked="" type="checkbox"/> Cochlear Implant
<input checked="" type="checkbox"/> FM System			
Last Hearing Test:g			
OPME			
Overall	g		
Teeth	g		
Lips	g		
Tongue	g		
Jaw	g		
S/H Palate	g		
Cheeks	g		

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	
Patient Name adnic adnic Date 2024-02-01 12:45	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-01 12:45

