



## Daman Form Combined

Patient Name	:	Aswathi Vipin	Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21
Gender	:	Female	Doctor's Name	:	Doctor Vision
			Date	:	2024-01-24

Coverage and medical indications of Speech Therapy				
- Speech Therapy Evaluation Form -				
Date of Assessment:	1/13/2024 12:00:00 AM			
Insurance number:				
Presenting symptoms:	g			
Diagnosis:	NA			
Ordering physician:	g			
Speech language pathologist/therapist:	g			
Evaluation				
Has a speech therapy evaluation been done?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes kindly attach results:	g
Date of onset or exacerbation of disorder:	1/13/2024 12:00:00 AM			
What are the treatment techniques you want to use?	g			
What are the goals of treatment?	g			
Kindly state a reasonable estimate of the time duration of when the goals will be met:	1/1/1900 9:00:00 AM			
Re- Evaluation				
Is the patient improving on current therapy?	<input type="radio"/> Yes	<input type="radio"/> No	If no, why?	
Are the previous goals being met?	g			
Has the reason able expected time for improvement been exceeded without any improvement?	1/1/1900 12:30:00 AM	If reasonable expected time for improvement has exceeded kindly justify.		g
Has the patient reached a plateau phase?	g			

Assessment				
1. Oral Motor Examination:		g		
2. Receptive Evaluation:		g		
3. Expressive Evaluation:		g		
4. Pragmatic Assessment:		g		
5. Articulation Assessment:		g		
6. Voice Assessment:		g		
7. Swallowing Evaluation:		g		
8. Cognitive Evaluation		g		
Short term goals		Time frame:	g	months
1.	g			
2.	g			
3.	g			
4.	g			
5.	g			
6.	gg			
7.	g			
8.	g			
Long term goals		Time frame:		months

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Aswathi Vipin  Date 2024-01-24 12:00	Doctor Name Doctor Vision - Speech Therapy (DHA101)  Date 2024-01-24 12:00

