

Initial Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Doctor Vision
Date	:	2024-02-01			

Siblings

Informant:

Date of Evaluation 2/1/2024
12:00:00 AM

Medical Diagnosis:

Presenting Symptoms:

HEARING STATUS:

<input type="checkbox"/> Normal	<input type="checkbox"/> Middle ear effusion	<input type="checkbox"/> Sensory-neural hearing loss	<input type="checkbox"/> Conductive hearing loss
Devices/Aids	<input type="checkbox"/> Nil	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Cochlear Implant
			<input type="checkbox"/> FM System

Last Hearing Test:

OPME

Overall	
Teeth	
Lips	
Tongue	
Jaw	
S/H Palate	
Cheeks	

SWALLOWING

History of aspiration	<input type="radio"/> Yes	<input type="radio"/> No
Current eating or drinking difficulties	<input type="radio"/> Yes	<input type="radio"/> No
Dysphagia	<input type="radio"/> Yes	<input type="radio"/> No

SPEECH:

<input type="checkbox"/> Verbal		<input type="checkbox"/> Non Verbal	
Phonological processes	Intelligibility scale	Rate of speech	Voice quality

<input type="checkbox"/> Omission	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Addition	<input type="checkbox"/> Mild	<input type="checkbox"/> Very Slow	<input type="checkbox"/> Horse
<input type="checkbox"/> Substitution	<input type="checkbox"/> Mild- Moderate	<input type="checkbox"/> Slow	<input type="checkbox"/> Breathy
<input type="checkbox"/> Distortion	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slightly Fast	<input type="checkbox"/> Harsh
<input type="checkbox"/> Metathesis	<input type="checkbox"/> Severe	<input type="checkbox"/> Fast	<input type="checkbox"/> Hypo nasal
<input type="checkbox"/> Devoicing	<input type="checkbox"/> Not Intelligible	<input type="checkbox"/> Very Fast	<input type="checkbox"/> Hyper nasal
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other Vocalization

Behaviors	
Requesting	
Sitting tolerance:	

ATTENTION & ACTIVITY LEVEL			
<input type="checkbox"/> Attentive	<input type="checkbox"/> Needs prompt	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Distracted	<input type="checkbox"/> Not cooperative	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Other

LANGUAGE SCREENING	
*Receptive language:	
<input type="checkbox"/> Responds to sounds	<input type="checkbox"/> Understand basic pronouns
<input type="checkbox"/> Babbling string of syllables	<input type="checkbox"/> Understand basic prepositions
<input type="checkbox"/> Imitation of sounds	<input type="checkbox"/> Understand basic plural
<input type="checkbox"/> Variation of pitch and loudness	<input type="checkbox"/> Understand regular plurals
<input type="checkbox"/> Comprehends at least 10-20 words	<input type="checkbox"/> Understand irregular plural
<input type="checkbox"/> Comprehends at least 20-50	<input type="checkbox"/> Understand basic negatives
<input type="checkbox"/> Comprehends at least 50-80	<input type="checkbox"/> Understand simple adjectives
<input type="checkbox"/> Responds to requests	<input type="checkbox"/> Understands common verbs
<input type="checkbox"/> Understands 'No'	<input type="checkbox"/> Understands present continues verbs
<input type="checkbox"/> Follows simple one-word commands	<input type="checkbox"/> Understands past continues verbs
<input type="checkbox"/> Follows 1 step commands	<input type="checkbox"/> Understands basic possessives

<input type="checkbox"/> Understand basic pronouns	<input type="checkbox"/> Able to sequence 3 part story			
<input type="checkbox"/> Identifies between 2 items	<input type="checkbox"/> Able to sequence more than 6 part story			
<input type="checkbox"/> Identifies between 4-6 items	<input type="checkbox"/> Able to solve simple problems			
<input type="checkbox"/> Able to choose between 2 or more options	<input type="checkbox"/> Appropriate pointing responses			
*Expressive language:				
<input type="checkbox"/> Uses gestures predominantly	<input type="checkbox"/> Uses jargons			
<input type="checkbox"/> Produces less than 10 words	<input type="checkbox"/> Produces 10-50 words			
<input type="checkbox"/> Produces 50-150 words	<input type="checkbox"/> Produces 150-300 words			
<input type="checkbox"/> Produces 1 word phrases	<input type="checkbox"/> Responds to YES \ No questions			
<input type="checkbox"/> Produces 2 word sentences	<input type="checkbox"/> Naming of everyday objects 5-20s			
<input type="checkbox"/> Produces 3 word sentences	<input type="checkbox"/> Describe everyday events			
<input type="checkbox"/> Produces 4 word sentences or more	<input type="checkbox"/> Produces common adjectives			
*Pragmatics screening:				
<input type="checkbox"/> Able to imitate others	<input type="checkbox"/> Listen and wait			
<input type="checkbox"/> Pretend play	<input type="checkbox"/> Cause and effect			
<input type="checkbox"/> Play within rules	<input type="checkbox"/> Initiate a conversation			
<input type="checkbox"/> Taking turns	<input type="checkbox"/> Maintain a conversation			
<input type="checkbox"/> Greeting and respond when called	<input type="checkbox"/> Maintain a good eye contact			
*Social interaction:				
	Poor	Fair	Good	Excellent
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Literacy skills:				
Reading		Writing		
<input type="checkbox"/> A Recognize letters, words		<input type="checkbox"/> Scribbling		
<input type="checkbox"/> Choosing		<input type="checkbox"/> Tracing		

<input type="checkbox"/> Naming/ Reading		<input type="checkbox"/> Writing
*Use Assistive Technology		
<input type="radio"/> Yes	<input type="radio"/> No	If yes which device:
EDUCATIONAL STATUS		
<input type="checkbox"/> At home	<input type="checkbox"/> Preschool	<input type="checkbox"/> Special education center
<input type="checkbox"/> Public school	<input type="checkbox"/> Regular nursery	<input type="checkbox"/> Others
GENERAL FINDINGS:		
TEST RESULTS:		

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name sai krishna Date 2024-02-01 22:30	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-01 22:30

