Daman Form Combined								
Patient Name	:	Alston Re	Alston Rebello			Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

Coverage and medical indications of Spee	ch Therapy			
- Speech Therapy Evaluation Form -				
Date of Assessment:	1/1/1900 12:0	0:00 AM		
Insurance number:				
Presenting symptoms:				
Diagnosis:	NA			
Ordering physician:				
Speech language pathologist/therapist:				
Evaluation				
Has a speech therapy evaluation been done?	C Yes	C No	If yes kindly attach results:	
Date of onset or exacerbation of disorder:	1/1/1900 12:0	0:00 AM		
What are the treatment techniques you want to use?				
What are the goals of treatment?				
Kindly state a reasonable estimate of the time duration of when the goals will be met:		0:00 AM		
Re- Evaluation				
Is the patient improving on current therapy?	C Yes	C No	If no, why?	
Are the previous goals being met?				
Has the reason able expected tin improvement been exceeded withou improvement?	ne for 1/1/190 AM	00 12:00:00 If ha	reasonable expected time for improven s exceeded kindly justify.	nent
Has the patient reached a plateau phase?				
Assessment				
1. Oral Motor Examination:				

2. F	Receptive Evaluation:				
3. E	expressive Evaluation:				
4. F	Pragmatic Assessment:				
5. <i>A</i>	articulation Assessment:				
6. ۱	voice Assessment:				
7. 9	Swallowing Evaluation:				
8. 0	Cognitive Evaluation				
	Short te	rm goals	Time frame:		months
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
	Long ter	rm goals	Time frame:		months
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
	GRAPHICAL REPRESENTATION OF PATIENT'S PROGRESS				
G1:					
G2:					

G3:								
G4:								
G5:								
G6:								
G7:								
G8:								
G9:								
	Name: Alston Rebello		Level:iouioup					
No	Note: this is sample, different graphs can be plotted, as long they show clearly the patient progress and makes progress tracking easy.							
	Physician information							
	Sign here, only if all of your questions have been answered to your satisfaction							
	PATIENT		DOCTOR					
	Patient Name Alston Rebello		Doctor Name Alan Alfred - Dental (15245565544445)					
	Date 2025-02-21 (09:15 -	09:30)	Date 2025-02-21 (09:15 - 09:30)					