

Initial Evaluation


Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Gender	:	Male	Doctor's Name	:	Doctor Vision
			Date	:	2024-01-30

Siblings : g Informant: g Date of Evaluation 1/13/2024 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:			
OPME			
Overall			
Teeth			
Lips			
Tongue			
Jaw			
S/H Palate			
Cheeks			

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

PATIENT	DOCTOR
	
Patient Name tousif toplife Date 2024-01-30 08:30	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-01-30 08:30

