

## Daman Form Combined

Patient Name	:	test AS testvision	Emirates ID	:	784-3458-8877333-2
File No	:	11	DOB	:	2000-08-09
Gender	:	Female	Doctor's Name	:	Doctor Vision
			Date	:	2023-12-20

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

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

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name test AS testvision  Date 2023-12-20 14:15	Doctor Name Doctor Vision - Speech Therapy (DHA101)  Date 2023-12-20 14:15

