

Daman Form Combined								
Patient Name	:	Vinod Kur	mar Duvuru			Emirates ID	:	784-1880-6545646-5
File No	:	19	DOB	:	1880-03-22	Nationality	:	Indian
Gender		Male	Doctor's Name		Doctor Vision	Date		2024-02-17

Coverage and medical indications of Speech Therapy				
- Speech Therapy Evaluation Form -				
Date of Assessment:	1/6/2024 12:00	0:00 AM		
Insurance number:	QEWT435R			
Presenting symptoms:	454			
Diagnosis: NA				
Ordering physician:	Ordering physician: 3454			
Speech language pathologist/therapist:	3545			
Evaluation				
Has a speech therapy evaluation been done?	• Yes	C No	If yes kindly attach results:	45
Date of onset or exacerbation of 1/20/2024 12:00:00 AM lisorder:				
Vhat are the treatment techniques you 6565 vant to use?				
/hat are the goals of treatment? 677				
Kindly state a reasonable estimate of the ime duration of when the goals will be 1/1/1900 1:30:00 AM net:				
Re- Evaluation				
Is the patient improving on current therapy?	• Yes	C No	If no, why?	67
Are the previous goals being met?	78			
Has the reason able expected time for improvement been exceeded without any AM  I/1/1900 12:30:00 If reasonable expected time for improvement has exceeded kindly justify.				
Has the patient reached a plateau phase?	899	1		•

Assessment							
1. Oral Motor Examination:	7899						
2. Receptive Evaluation:	787						
3. Expressive Evaluation:	6787						
4. Pragmatic Assessment:	5678						
5. Articulation Assessment:	678						
6. Voice Assessment:	787						
7. Swallowing Evaluation:	uu						
8. Cognitive Evaluation	ssads						
Short te	rm goals	Time frame:	sds	months			
1.	sds						
2.	sds						
3.	sds						
4.	sd sd						
. sdsd							
. sds							
. sd							
8.	sds						
Long ter	rm goals	Time frame:	sds	months			
1.	sds						
. sdsd							
3.	sds						
4. sds							
5.							
s. sds							
7. sds							
3. sdsd							
GRAPHICAL REPRESENTATION OF PATIENT'S PROGRESS							

G1:	sdd					
G2:		sdsd				
33:	sdsd					
64:	4: sds					
35:	SS: sds					
36:	sds					
37:	: sds					
38:	8: sds					
39:	seg: sdd					
	Name: Vinod Kumar Duvuru	Sound:sdds	Level:sdd			
Note: this is sample, different graphs can be plotted, as long they show clearly the patient progress and makes progress tracking easy.						
Physician information						
	sdds					
	sds					
	sdd					

Sign here, only if all of your questions have been answered to your satisfaction				
PATIENT	DOCTOR			
9				
<u>,                                    </u>				
Patient Name Vinod Kumar Duvuru	Doctor Name Doctor Vision - Speech Therapy (DHA101)			
Date 2024-02-17 (10:00 - 10:15 )	Date 2024-02-17 (10:00 - 10:15 )			

