

Daman Form Combined

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Doctor Vision
			Date	:	2024-02-01

Coverage and medical indications of Speech Therapy				
- Speech Therapy Evaluation Form -				
Date of Assessment:	1/12/2024 12:00:00 AM			
Insurance number:				
Presenting symptoms:	4			
Diagnosis:	NA			
Ordering physician:	4			
Speech language pathologist/therapist:	4			
Evaluation				
Has a speech therapy evaluation been done?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes kindly attach results:	
Date of onset or exacerbation of disorder:	1/12/2024 12:00:00 AM			
What are the treatment techniques you want to use?	4			
What are the goals of treatment?	4			
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?	4
Are the previous goals being met?	4			
Has the reason able expected time for improvement been exceeded without any improvement?	1/1/1900 1:30:00 AM	If reasonable expected time for improvement has exceeded kindly justify.		4
Has the patient reached a plateau phase?	4			

Assessment				
1. Oral Motor Examination:		4		
2. Receptive Evaluation:		4		
3. Expressive Evaluation:		4		
4. Pragmatic Assessment:		44		
5. Articulation Assessment:		4		
6. Voice Assessment:		4		
7. Swallowing Evaluation:		4		
8. Cognitive Evaluation		4		
Short term goals		Time frame:	4	months
1.	4			
2.	4			
3.	4			
4.	4			
5.	4			
6.	4			
7.	4			
8.	4			
Long term goals		Time frame:		months

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Reshma Siya Date 2024-02-01 22:45	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-01 22:45

