


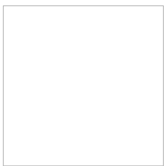
Daman Form Combined

Patient Name	:	Zeref Dragneel	Emirates ID	:	784-5969-9872125-7
File No	:	18	DOB	:	1996-06-20
Nationality	:	Japanese			
Gender	:	Male	Doctor's Name	:	Doctor Vision
Date	:	2024-02-19			

Coverage and medical indications of Speech Therapy				
- Speech Therapy Evaluation Form -				
Date of Assessment:	1/13/2024 12:00:00 AM			
Insurance number:	INS-SUK-1233124GH54			
Presenting symptoms:	fgf			
Diagnosis:	rthropathy following intestinal bypass, right hip			
Ordering physician:	fgfg			
Speech language pathologist/therapist:	fgf			
Evaluation				
Has a speech therapy evaluation been done?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes kindly attach results:	fgf
Date of onset or exacerbation of disorder:	2/20/2024 12:00:00 AM			
What are the treatment techniques you want to use?	fgfg			
What are the goals of treatment?	fgf			
Kindly state a reasonable estimate of the time duration of when the goals will be met:	1/1/1900 12:30:00 AM			
Re- Evaluation				
Is the patient improving on current therapy?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If no, why?	fgf
Are the previous goals being met?	fgf			
Has the reason able expected time for improvement been exceeded without any improvement?	1/1/1900 12:30:00 AM	If reasonable expected time for improvement has exceeded kindly justify.		fgf
Has the patient reached a plateau phase?	fgf			

Assessment			
1. Oral Motor Examination:		fgfhghg	
2. Receptive Evaluation:		fgh	
3. Expressive Evaluation:		fhg	
4. Pragmatic Assessment:		fh	
5. Articulation Assessment:		fgf	
6. Voice Assessment:		fg	
7. Swallowing Evaluation:		fgf	
8. Cognitive Evaluation		fgf	
Short term goals		Time frame:	fgf months
1.	fgf		
2.	fg		
3.	ffg		
4.	fg		
5.	fgf		
6.	fgf		
7.	fgf		
8.	fg		
Long term goals		Time frame:	fgf months
1.	fg		
2.	ffgf		
3.	fgfg		
4.	gfg		
5.	fg		
6.	fgf		
7.	fgfg		
8.	fgf		
GRAPHICAL REPRESENTATION OF PATIENT'S PROGRESS			

G1:	gf		
G2:	fgf		
G3:	fgf		
G4:	fgf		
G5:	fg		
G6:	ffg		
G7:	fgf		
G8:	gf		
G9:	ffg		
Name: Zeref Dragneel		Sound:ff	Level:fgf
Note: this is sample, different graphs can be plotted, as long they show clearly the patient progress and makes progress tracking easy.			
Physician information			
fgf			
fgf			
fgf			

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Zeref Dragneel Date 2024-02-19 (10:45 - 11:00)	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-19 (10:45 - 11:00)