

Initial Evaluation

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Doctor Vision
			Date	:	2024-02-01

Siblings d

Informant:d

Date of Evaluation2/9/2024
12:00:00 AM

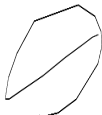

Medical Diagnosis: d

Presenting Symptoms: d

HEARING STATUS:d

<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:			
<u>OPME</u>			
<u>Overall</u>		d	
<u>Teeth</u>		d	
<u>Lips</u>		d	
<u>Tongue</u>		d	
<u>Jaw</u>		d	
<u>S/H Palate</u>		d	
<u>Cheeks</u>		d	

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

PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-02-01 11:00	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-01 11:00

