


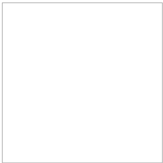
Daman Form Combined

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2024-02-07
Gender	:	Male	Doctor's Name	:	Doctor Vision

Coverage and medical indications of Speech Therapy				
- Speech Therapy Evaluation Form -				
Date of Assessment:	2/1/2024 12:00:00 AM			
Insurance number:				
Presenting symptoms:	o			
Diagnosis:	NA			
Ordering physician:	o			
Speech language pathologist/therapist:	o			
Evaluation				
Has a speech therapy evaluation been done?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes kindly attach results:	o
Date of onset or exacerbation of disorder:	1/13/2024 12:00:00 AM			
What are the treatment techniques you want to use?	o			
What are the goals of treatment?	o			
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 type="radio"/> No	If no, why?	o
Are the previous goals being met?	o			
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.		o
Has the patient reached a plateau phase?	o			

Assessment			
1. Oral Motor Examination:		o	
2. Receptive Evaluation:		o	
3. Expressive Evaluation:		o	
4. Pragmatic Assessment:		o	
5. Articulation Assessment:		o	
6. Voice Assessment:		o	
7. Swallowing Evaluation:		o	
8. Cognitive Evaluation		o	
Short term goals		Time frame:	o months
1.	o		
2.	o		
3.	o		
4.	o		
5.	o		
6.	oo		
7.	o		
8.	o		
Long term goals		Time frame:	o months
1.	o		
2.	o		
3.	o		
4.	oo		
5.	o		
6.	o		
7.	o		
8.	o		
GRAPHICAL REPRESENTATION OF PATIENT'S PROGRESS			

G1:	o		
G2:	o		
G3:	oo		
G4:	o		
G5:	o		
G6:	o		
G7:	o		
G8:	o		
G9:	o		
Name: Alston Rebello		Sound:o	Level:o
Note: this is sample, different graphs can be plotted, as long they show clearly the patient progress and makes progress tracking easy.			
Physician information			
o			
o			
o			

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-02-07 13:30	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-07 13:30

