Initial Evaluation

Patient Name	:	tousif toplife			Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	: 2021-06-16	Nationality	:	Other
Gender	:	Male	Doctor's Name	: Doctor Vision	Date	:	2024-01-31

Siblings g

Informant:g

Date of Evaluation1/4/2024 12:00:00 AM

Medical Diagnosis: g

Presenting Symptoms: g

HEARING STATUS:g

☑ Normal	☑Middle ear effusion	☑Sensory-neural hearing loss	☑Conductive hearing loss

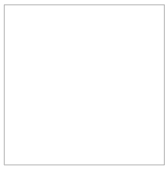
Devices/Aids	☑ Nil	☑Hearing Aid	☑Cochlear Implant	☑FM System

Last Hearing Test:g

Overall	g
Teeth	g
Lips	g
Tongue	g
Jaw	gg
S/H Palate	g
Cheeks	g

History of aspiration	◉ Yes	○ No
Current eating or drinking difficulties	◉ Yes	○ No

Dysphagia	◉ Yes	○ No

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name tousif toplife Date 2024-01-31 12:30	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-01-31 12:30