


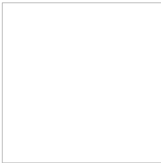
Daman Form Combined

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

Coverage and medical indications of Speech Therapy				
- Speech Therapy Evaluation Form -				
Date of Assessment:	2/9/2024 12:00:00 AM			
Insurance number:				
Presenting symptoms:	6			
Diagnosis:	NA			
Ordering physician:	6			
Speech language pathologist/therapist:	6			
Evaluation				
Has a speech therapy evaluation been done?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes kindly attach results:	6
Date of onset or exacerbation of disorder:	1/20/2024 12:00:00 AM			
What are the treatment techniques you want to use?	6			
What are the goals of treatment?				
Kindly state a reasonable estimate of the time duration of when the goals will be met:	1/1/1900 1:00:00 AM			
Re- Evaluation				
Is the patient improving on current therapy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If no, why?	6
Are the previous goals being met?	6			
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.		6
Has the patient reached a plateau phase?	6			

Assessment			
1. Oral Motor Examination:		6	
2. Receptive Evaluation:		6	
3. Expressive Evaluation:		6	
4. Pragmatic Assessment:		6	
5. Articulation Assessment:		6	
6. Voice Assessment:		6	
7. Swallowing Evaluation:		6	
8. Cognitive Evaluation		6	
Short term goals		Time frame:	6 months
1.	6		
2.	6		
3.	6		
4.	6		
5.	6		
6.	66		
7.	6		
8.	6		
Long term goals		Time frame:	6 months
1.	66		
2.	6		
3.	6		
4.	6		
5.	6		
6.	6		
7.	6		
8.	6		
GRAPHICAL REPRESENTATION OF PATIENT'S PROGRESS			

G1:	6		
G2:	6		
G3:	6		
G4:	6		
G5:	6		
G6:	6		
G7:	6		
G8:	6		
G9:	6		
Name: Alston Rebello		Sound:6	Level:6
Note: this is sample, different graphs can be plotted, as long they show clearly the patient progress and makes progress tracking easy.			
Physician information			
6			
6			
6			

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

