

## Daman Form Combined

Patient Name	:	adnic adnic	Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Doctor Vision
Date	:	2024-02-13			

### Coverage and medical indications of Speech Therapy

#### - Speech Therapy Evaluation Form -

Date of Assessment:	2/13/2024 12:00:00 AM
Insurance number:	
Presenting symptoms:	
Diagnosis:	NA
Ordering physician:	
Speech language pathologist/therapist:	

#### Evaluation

Has a speech therapy evaluation been done?	<input type="radio"/> Yes	<input type="radio"/> No	If yes kindly attach results:	
Date of onset or exacerbation of disorder:	2/13/2024 12:00:00 AM			
What are the treatment techniques you want to use?				
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 12:00:00 AM			

#### Re- Evaluation

Is the patient improving on current therapy?	<input type="radio"/> Yes	<input type="radio"/> No	If no, why?	
Are the previous goals being met?				
Has the reason able expected time for improvement been exceeded without any improvement?	1/1/1900 12:00:00 AM	If reasonable expected time for improvement has exceeded kindly justify.		
Has the patient reached a plateau phase?				

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

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

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name adnic adnic  Date 2024-02-13 09:15	Doctor Name Doctor Vision - Speech Therapy (DHA101)  Date 2024-02-13 09:15

