

Initial Evaluation

Patient Name	:	Vinod Kumar Duvuru	Emirates ID	:	784-1880-6545646-5
File No	:	19	DOB	:	1880-03-22
Nationality	:	Indian	Date	:	2024-02-17
Gender	:	Male	Doctor's Name	:	Doctor Vision

Siblings qwq

Informant:qwq

Date of Evaluation2/7/2024
12:00:00 AM

Medical Diagnosis: qwq

Presenting Symptoms: qwq

HEARING STATUS:qwq

<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:qwq			
<u>OPME</u>			
Overall	qwq		
Teeth	wqwqw		
Lips	qw		
Tongue	qwq		
Jaw	qwq		
S/H Palate	qwqw		
Cheeks	qwqw		
<u>SWALLOWING</u>			
History of aspiration	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Current eating or drinking difficulties	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Dysphagia	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
<u>SPEECH:</u>			
<input checked="" type="checkbox"/> Verbal	<input checked="" type="checkbox"/> Non Verbal		
Phonological processes	Intelligibility scale	Rate of speech	Voice quality

<input checked="" type="checkbox"/> Omission	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal
<input checked="" type="checkbox"/> Addition	<input checked="" type="checkbox"/> Mild	<input checked="" type="checkbox"/> Very Slow	<input type="checkbox"/> Horse
<input checked="" type="checkbox"/> Substitution	<input checked="" type="checkbox"/> Mild- Moderate	<input type="checkbox"/> Slow	<input type="checkbox"/> Breathy
<input checked="" type="checkbox"/> Distortion	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Slightly Fast	<input type="checkbox"/> Harsh
<input checked="" type="checkbox"/> Metathesis	<input checked="" type="checkbox"/> Severe	<input type="checkbox"/> Fast	<input type="checkbox"/> Hypo nasal
<input checked="" type="checkbox"/> Devoicing	<input checked="" type="checkbox"/> Not Intelligible	<input type="checkbox"/> Very Fast	<input type="checkbox"/> Hyper nasal
<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other Vocalization

Behaviors	qwq
Requesting	qwq
Sitting tolerance:	qwq

ATTENTION & ACTIVITY LEVEL

<input type="checkbox"/> Attentive	<input type="checkbox"/> Needs prompt	<input checked="" type="checkbox"/> Hyperactive	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Distracted	<input type="checkbox"/> Not cooperative	<input checked="" type="checkbox"/> Clumsy	<input type="checkbox"/> Other


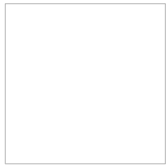
LANGUAGE SCREENING

*Receptive language:

<input type="checkbox"/> Responds to sounds	<input type="checkbox"/> Understand basic pronouns
<input type="checkbox"/> Babbling string of syllables	<input type="checkbox"/> Understand basic prepositions
<input type="checkbox"/> Imitation of sounds	<input type="checkbox"/> Understand basic plural
<input type="checkbox"/> Variation of pitch and loudness	<input type="checkbox"/> Understand regular plurals
<input type="checkbox"/> Comprehends at least 10-20 words	<input checked="" type="checkbox"/> Understand irregular plural
<input type="checkbox"/> Comprehends at least 20-50	<input type="checkbox"/> Understand basic negatives
<input type="checkbox"/> Comprehends at least 50-80	<input type="checkbox"/> Understand simple adjectives
<input type="checkbox"/> Responds to requests	<input type="checkbox"/> Understands common verbs
<input type="checkbox"/> Understands 'No'	<input type="checkbox"/> Understands present continues verbs
<input type="checkbox"/> Follows simple one-word commands	<input type="checkbox"/> Understands past continues verbs
<input type="checkbox"/> Follows 1 step commands	<input type="checkbox"/> Understands basic possessives

<input type="checkbox"/> Understand basic pronouns	<input type="checkbox"/> Able to sequence 3 part story			
<input type="checkbox"/> Identifies between 2 items	<input type="checkbox"/> Able to sequence more than 6 part story			
<input type="checkbox"/> Identifies between 4-6 items	<input type="checkbox"/> Able to solve simple problems			
<input type="checkbox"/> Able to choose between 2 or more options	<input type="checkbox"/> Appropriate pointing responses			
*Expressive language:				
<input type="checkbox"/> Uses gestures predominantly	<input type="checkbox"/> Uses jargons			
<input type="checkbox"/> Produces less than 10 words	<input type="checkbox"/> Produces 10-50 words			
<input type="checkbox"/> Produces 50-150 words	<input type="checkbox"/> Produces 150-300 words			
<input type="checkbox"/> Produces 1 word phrases	<input type="checkbox"/> Responds to YES \ No questions			
<input type="checkbox"/> Produces 2 word sentences	<input type="checkbox"/> Naming of everyday objects 5-20s			
<input type="checkbox"/> Produces 3 word sentences	<input type="checkbox"/> Describe everyday events			
<input type="checkbox"/> Produces 4 word sentences or more	<input type="checkbox"/> Produces common adjectives			
*Pragmatics screening:				
<input type="checkbox"/> Able to imitate others	<input type="checkbox"/> Listen and wait			
<input type="checkbox"/> Pretend play	<input type="checkbox"/> Cause and effect			
<input type="checkbox"/> Play within rules	<input type="checkbox"/> Initiate a conversation			
<input type="checkbox"/> Taking turns	<input type="checkbox"/> Maintain a conversation			
<input type="checkbox"/> Greeting and respond when called	<input type="checkbox"/> Maintain a good eye contact			
*Social interaction:				
	Poor	Fair	Good	Excellent
Peers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Literacy skills:				
Reading		Writing		
<input type="checkbox"/> A Recognize letters, words		<input checked="" type="checkbox"/> Scribbling		
<input type="checkbox"/> Choosing		<input checked="" type="checkbox"/> Tracing		

<input type="checkbox"/> Naming/ Reading		<input checked="" type="checkbox"/> Writing
*Use Assistive Technology		
<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes which device:qwq
EDUCATIONAL STATUS		
<input type="checkbox"/> At home	<input checked="" type="checkbox"/> Preschool	<input checked="" type="checkbox"/> Special education center
<input type="checkbox"/> Public school	<input checked="" type="checkbox"/> Regular nursery	<input checked="" type="checkbox"/> Others
GENERAL FINDINGS:	wew	
TEST RESULTS:	wew	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Vinod Kumar Duvuru Date 2024-02-17 (10:00 - 10:15)	Doctor Name Doctor Vision - Speech Therapy (DHA101) Date 2024-02-17 (10:00 - 10:15)

