

Initial Evaluation								
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		2024-02-01

Siblings d Informant:d Date of Evaluation 1/1/2024 12:00:00 AM

Medical Diagnosis: d <u>Presenting Symptoms: d</u> <u>HEARING STATUS:d</u>

Devices/Aids V Ni									
Last Hearing Test:d OPME Overall d d Teeth dd Lips d d Tongue d d Daw d d S/H Palate d d Cheeks SWALLOWING History of aspiration C Yes C No Current eating or drinking difficulties C Yes C No SPEECH:	 ▼ Normal		✓ Middle ear effusion		✓ Sensory-ne	eural hearing loss	▽ Conductive hearing loss		
OVERALLOWING History of aspiration Current eating or drinking difficulties Overall Overall d d d d d d d d d d d d	Devices/Aids			☑ Hearing Aid		✓ Cochlear Implant		▼ FM System	
Overall d Teeth dd Lips d Tongue d Jaw d S/H Palate d Cheeks SWALLOWING History of aspiration	Last Hearing Test:d								
Teeth dd Lips d d Tongue d d Jaw d S/H Palate d d Cheeks SWALLOWING History of aspiration G Yes C No Current eating or drinking difficulties G Yes C No Dysphagia G Yes C No SPEECH:	<u>OPME</u>								
Lips d d Tongue d d Jaw d d S/H Palate d d Cheeks SWALLOWING History of aspiration	Overall				d				
Tongue d Jaw d S/H Palate d Cheeks SWALLOWING History of aspiration	Teeth				dd				
Jaw d S/H Palate d Cheeks SWALLOWING History of aspiration Current eating or drinking difficulties Cyes CNo Dysphagia Pyes CNo SPEECH:	Lips				d				
S/H Palate Cheeks SWALLOWING History of aspiration Current eating or drinking difficulties Cyes ONo SPEECH: Non Verbal	Tongue				d				
Cheeks SWALLOWING History of aspiration Current eating or drinking difficulties Cyes No Dysphagia Yes No No SPEECH: Non Verbal	Jaw		d						
SWALLOWING History of aspiration Current eating or drinking difficulties Cyes No Dysphagia Yes No No SPEECH: Non Verbal	S/H Palate		d						
History of aspiration Current eating or drinking difficulties Dysphagia SPEECH: Non Verbal	Cheeks								
Current eating or drinking difficulties O Yes O No SPEECH: Non Verbal	SWALLOWING								
Dysphagia	History of aspiration					• Yes		⊘ No	
SPEECH: Verbal Non Verbal	Current eating or drinking di		⊙ Yes			○ No			
□ Verbal □ Non Verbal	Dysphagia		⊙ Yes ○ No						
	SPEECH:								
SPEECH: SPEECH: SPEECH: SPEECH:	Verbal		□ Non Verbal						
	SPEECH: SPEECH:				SPEECH:	H:			

Sign here, only if all of your questions have been answered to your satisfaction				
PATIENT	DOCTOR			
Patient Name Alston Rebello	Doctor Name Doctor Vision - Speech Therapy (DHA101)			
Date 2024-02-01 22:15	Date 2024-02-01 22:15			

