

Mobility Physical Therapy

19232 Seacliff Drive
Edmonds, WA 98002-
Phone (425) 555-7890 Fax (425) 555-3454

Speech Therapy

SPEECH / LANGUAGE EVAL

Patient: Bee, Indescret K

Date 18-Sep-07

Dx #1 438.19 - Other speech & language deficits - Left

Date of Birth 21-Dec-85 **Age** 23

Gender Female

Claim K66340

Account A2230

Occupation student

Employer Stevens Orthopedic

Employment Part Time

Date of Onset 20-Jun-07 **Start of Care** 24-Jul-07

Physician Gardner, Earl S NPI: 23894520

Insurance Self

History

CURRENT SYMPTOMS

Hesitation in speech began few months ago; recently noted swallowing problems

HEARING functional

SYMPTOMS AT ONSET

Very ill few months ago - high temperatures, headaches, dizziness - Dr. treated her for flu; long lasting fatigue; remembers sore throat and dizziness

MEDICATIONS Tylenol
aspirin

MED HISTORY 3/1/2007 - heart surgery

SURGERY DATE

Examination

VITAL SIGNS **Blood pressure** 130/81 **Pulse** 72

ORAL MOTOR STATUS

Normal structure / function Yes

Weakness / asymmetr No

Facial / Lip R L

Tongue R L

Velum R L

Dentition adequate

Wears dentures / appliances No

Breathing WNL Oxygen Congestion

Shortness of breath Suctioning

Swallow function frequent deliberate attempts

Comments

READING COMPREHENSION

Glasses Yes

Visual neglect Yes Right Left

saccadic eye movement w/ head rotatio

Scanning

Visual matching

Forms/letters/wor hesitation

Words/pictures normal

Reading

Sentences

Paragraphs

Functional delayed

AUDITORY COMPREHENSION

Body Part ID normal

Object ID normal

Picture ID normal

Yes / No

Egocentric

Simple / factual

Abstract

Directions normal

Step

Step

Paragraphs

Words Y/N - open ended normal

Comments

SPEECH PRODUCTION

Apraxia No

Dysarthria No

Articulation Impaired - delays

Rate slowed

Prosody

Voice

Resonance

Volume WNL

Intelligibility % words (subjective / objective)

% sentences (subjective / objective)

% conversation

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VERBAL EXPRESSION

Imitates normal
Serial speech
Sentence completion normal
Naming objects normal - delays but accurate
Naming pictures
Words named per category (60 sec.)
Sentence formulation Changes words mid sentence
Oral reading words
Oral reading sentence Slow, some delays, but accurate
Conversational speec Hesitant, but appropriate

Comments

Comments

WRITTEN EXPRESSION

Hand Right Left Dominant Non-dominant
Legibility Good
Signature
Serial tasks
Copying Slow, some hesitation, final is accurate
Dictation letters Good
Words
Sentences to dictation Slow, asks for repetition 1-2 times
Labeling objects / pictures
Sentence / paragraph form
Comments

Tests Administered

NON-VOCAL SYSTEM IN USE

COGNITIVE SCREENING

Orientation Self Place City Month Day Date Year Time
Attention / Concentration WNL
Memory WNL
Other

PRAGMATICS

Assessment

IMPAIRMENT LEVEL

Verbal expression mild-moderate **Speech production** mild-moderate **Auditory comprehension** normal
Written expressio mild **Voice production** not assessed **Reading comprehension** normal
Orientation normal
Comments

COMMUNICATION SKILLS community communicator

Comments

Recommendations

SPEECH AND / OR LANGUAGE THERAPY

FURTHER EVALUATION WARRANTED

Recommend reassessment in 1 month - request a morning appointment to compare to late afternoon current appointment

SWALLOW EVALUATION

Deliberate swallowing - frequent - patient seems concerned

HEARING EVALUATION

Normal

NO FURTHER THERAPY INDICATED AT THIS TIME

OTHER

Goals

SHORT TERM GOALS

LONG TERM GOALS

Plan of Treatment

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1 times per week for 2 - 4 weeks

Reviewed with patient

Today's Treatment Record

<u>Code</u>	<u>Description</u>	<u>Minutes</u>	<u>Units</u>	<u>Total</u>
92506	Speech / hearing evaluation	60	1	60
Total Treatment Time				60

Signature on file

Katie Jones, SLP
License WA12345
NPI 672390

Reviewed by

Physician's Signature

Date

In signing this document, physician certifies that rehabilitation is a medical necessity.