SPEECH THERAPY EVALUATION

DATE OF SERVICE ____/____/____

HOMEBOUND REASON: ❑ Needs assistance for all activities ❑ Residual weakness
❑ Requires assistance to ambulate ❑ Confusion, unable to go out of home alone
❑ Unable to safely leave home unassisted ❑ Severe SOB, SOB upon exertion
❑ Dependent upon adaptive device(s) ❑ Medical restrictions
❑ Other (specify)____________________

SOC DATE ____/____/____
(If Initial Evaluation, complete Speech Therapy Care Plan)

PERTINENT BACKGROUND INFORMATION

TREATMENT DIAGNOSIS/PROBLEM ____________________
____________________ **ONSET** ____/____/____
MEDICAL PRECAUTIONS ____________________
PRIOR LEVEL OF FUNCTION ____________________
____
DESCRIBE PERTINENT MEDICAL / SOCIAL HISTORY AND/OR PREVIOUS THERAPY PROVIDED ____________________
____________________ **FALL RISK:** ____________
LIVING SITUATION/SUPPORT SYSTEM ____________________
PAIN (describe) ____________________ Impact on therapy care plan? ❑ Yes ❑ No

SAFE SWALLOWING EVALUATION? ❑ No ❑ Yes; specify date, facility and M.D. ____________________
____
____

VIDEO FLUOROSCOPY? ❑ No ❑ Yes; specify date, facility and M.D. ____________________
____

CURRENT DIET TEXTURE ____________________
LIQUIDS: ❑ Thin ❑ Thickened (Specify)____________ ❑ Other (Specify)____________

SPEECH / LANGUAGE EVALUATION

4 – WFL (within functional limits) 3 – Mild impairment 2 – Moderate impairment 1 – Severe impairment 0 – Unable to do/did not test

	FUNCTION EVALUATED	SCORE	COMMENTS
COGNITION	Orientation (Person/Place/Time)		
	Attention span		
	Short-term memory		
	Long-term memory		
	Judgment		
	Problem solving		
	Organization		
	Other:		
SPEECH/VOICE	Oral/facial exam		
	Articulation		
	Prosody		
	Voice/Respiration		
	Speech intelligibility		
	Other:		
SWALLOWING	Chewing ability		
	Oral stage management		
	Pharyngeal stage management		
	Reflex time		
	Other:		

	FUNCTION EVALUATED	SCORE	COMMENTS
VERBAL EXPRESSION	Augmentative methods		
	Naming		
	Appropriate Yes / No		
	Complex sentences		
	Conversation		
AUDITORY COMPREHENSION	Word discrimination		
	1 step directions		
	2 step directions		
	Complex directions		
	Conversation		
	Speech reading		
READING	Letters/Numbers		
	Words		
	Simple sentences		
	Complex sentences		
	Paragraph		
WRITING	Letters/Numbers		
	Words		
	Sentences		
	Spelling		
	Formulation		
	Simple addition/subtraction		

PATIENT NAME – Last, First, Middle Initial | ID#

❑ Continued on Reverse