

Speech Language Pathology Sample Reports © 2009

Includes:

- *Initial Evaluation/ Examination (full-length compliant)*
- *Plan of Care*



Documentation the Right Way



The Speech and Language Clinic
 49 Music Square West
 Nashville, TN 37203
 www.speechclinic.com

Listening, Language & Learning

Phone: 615-259-3605
 Fax: 615-259-3602

Speech Language Pathology

Plan of Care (Initial Evaluation)

Patient Name: Henderson, Beatrice Date: 4/6/2008
 Medical Record #: 1234-08 DOB: 10/9/1952
 Account #: Treating Clinician: Traci G. Winter, MA, CCC-SLP
 Provider: The Speech and Language Center of Nashville
 Provider #: 89458-1234 SOC Date: 4/30/2008

Medicare #: N/A Visits From SOC: 1
 Medicaid #: N/A
 Certification From: 4/30/2008 Certification To: 7/30/2008
 Hospitalized From: 3/19/2008 Hospitalized To: 4/2/2008

	Onset Date	Code	Description
Primary Diagnosis:	3/19/2008	434.11	Cerebral Embolism With Cerebral Infarction
Other Diagnosis:	3/19/2008	787.21	Dysphagia, oral phase
	3/19/2008	784.3	Aphasia

Systems Review, History: Beatrice was at work on March 19, 2008 when she experienced a sudden onset of right side weakness and slurring of speech. She was taken to the ER at her local hospital. Her symptoms continued to progress while in the ER such that she was unable to verbally communicate. She was transferred by ambulance to Happy Trauma Hospital. Beatrice was hospitalized for 10 days during which she had PT, OT and SLP services.

Beatrice has past medical history significant for high blood pressure which was controlled with medication.

Current Level

Goals

Speech Intelligibility: No intelligible speech can be produced, phrases intelligible on imitation without cueing, <5% accuracy
 Writing: Limited to inaccurate attempts at copying without cueing, 1/5 trials
 Speaking: Not functional at any level without cueing, <10% accuracy
 Speaking: Not functional at any level without cueing, <10% accuracy
 Reading Comprehension: NonFunctional - matching of simple visual symbols is inconsistent without cueing, <10% accuracy
 Auditory Comprehension: Limited to single words and short familiar phrases without cueing, <20% accuracy
 Eating-Swallowing: Restricted for solids - minimal supervision for compensatory strategies with cueing, 80% accuracy

Speech Intelligibility: Spontaneous production at the phrase level- usually intelligible if context is known without cueing, 75% accuracy
 Writing: Functional for ADL's/expression of simple ideas- simple sentence structure without cueing, 80% accuracy
 Speaking: Expressively identify objects using verbalizations/signs/symbols after prompt, 80% accuracy
 Speaking: Functional for ADL's/simple ideas- short, incomplete sentences without cueing, 70% accuracy
 Reading Comprehension: Functional - simplified material related to activities of daily living without cueing, 80% accuracy
 Auditory Comprehension: Accurate and efficient-most situations - may have min difficulty with long/complex input/difficult environments without cueing, 70% accuracy
 Eating-Swallowing: Safe and efficient for all consistencies- periodic supervision with cueing, 90% accuracy

Short Term Goals

- Pt. to trace large shapes, numbers and letters using adaptive pencil gripper with 80% accuracy.
- Pt. to match printed letters, shapes and number with 90% accuracy.
- Pt. to identify common household objects in a field of 3 with 80% accuracy.
- Pt. to imitate produce in unison with clinician rote language such as numbers 1-10, ABCs and common word pairs with 80% accuracy.
- Pt. to demonstrate compliance with all swallowing precautions during meals as reported by caregiver with 90% accuracy.

Long Term Goals

Functional characteristics and analysis: Ms. Henderson was a full time legal secretary prior to this CVA. Her communication skills prohibit her from returning to this level of employment at this time. Her family indicates that they would like for her to be able to return to work as a legal secretary if possible.

Impressions / Recommendations

Diagnostic Impressions:

This patient presents with severe to profound impairment of receptive and expressive language skills. Patient presents with moderate oral phase dysphagia.

Patient Name: Henderson, Beatrice

Date: 4/6/2008

Medical Record #: 1234-08

DOB: 10/9/1952

Account #:

Treating Clinician: Traci G. Winter, MA, CCC-SLP

Provider: The Speech and Language Center of Nashville

Provider #: 89458-1234

SOC Date: 4/30/2008

Diagnostic Recommendations:

Continue with swallowing precautions and dietary modifications per video swallow study report of March 30, 2008. Defer administration of the MTDDA until patient is emotionally less labile and better able to respond to test stimuli without undue frustration.

Interventions (CPT Code)

Eval - Communication &/or auditory processing 92506


Speech/Hearing/Voice/Communication Therapy - Individual 92507

Treatment - Swallowing dysfunction &/or Oral function, feeding 92526

Frequency of SLP: Three times weekly

Duration of SLP: 3 months

George Clooney, MD	Date/Time
I certify the need for these services furnished under this plan of treatment while under my care.	

	4/30/2008 4:33:18 PM
Traci G. Winter, MA, CCC-SLP	Date
State License #: SP0715	



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Speech Language Pathology

Initial Evaluation

Patient Name: Henderson, Beatrice **Date:** 4/6/2008
Medical Record #: 1234-08 **DOB:** 10/9/1952
Account #: **Treating Clinician:** Traci G. Winter, MA, CCC-SLP
Provider: The Speech and Language Center of Nashville
Provider #: 89458-1234 **SOC Date:** 4/30/2008

Patient Information

Address: 456 Elm Street Apartments **Physician:** George Clooney, MD
 Apt. 365 **Physician #:** NPI: 1727758
 Nashville, Tennessee 89056-1234

Occupation: Secretary **# of Approved Visits:** 20
Gender: Female **Medicare #:** N/A
Contact Person: Fred Henderson **Medicaid #:** N/A

Rehabilitation Information / History

	Onset Date	Code	Description
Primary Diagnosis:	3/19/2008	434.11	Cerebral Embolism With Cerebral Infarction
Other Diagnosis:	3/19/2008	787.21	Dysphagia, oral phase
	3/19/2008	784.3	Aphasia

Prior Functional Status: Communication appropriate and efficient in all situations

Safety Measures: Adhere to dietary restrictions
 Adhere to swallowing precautions

Recent Speech\Language Therapy: Acute hospital setting - within last sixty days

Rehabilitative Prognosis: Excellent rehab potential to reach the established goals

Mental Status: Disoriented - cooperative and motivated toward therapy

Special Needs: Glasses

Concerns that led Patient to SLP: Decreased functional communication

Ambulatory Status: Requires moderate assistance of 1 person

Patient / Caregiver is aware of and understands his/her diagnosis and prognosis: Yes

History Comment: Beatrice was at work on March 19, 2008 when she experienced a sudden onset of right side weakness and slurring of speech. She was taken to the ER at her local hospital. Her symptoms continued to progress while in the ER such that she was unable to verbally communicate. She was transferred by ambulance to Happy Trauma Hospital. Beatrice was hospitalized for 10 days during which she had PT, OT and SLP services.

Beatrice has past medical history significant for high blood pressure which was controlled with medication.

Mental Status Behavior: Reduced stress tolerance; Alert but slightly confused; Anxious

Mental Status Cooperation: Cooperative

Functional Measures

Speech Intelligibility

Initial Level: No intelligible speech can be produced, phrases intelligible on imitation without cueing, <5% accuracy

Goal: Spontaneous production at the phrase level- usually intelligible if context is known without cueing, 75% accuracy

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Medical Record #: 1234-08
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Provider: The Speech and Language Center of Nashville
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Date: 4/6/2008
DOB: 10/9/1952
Treating Clinician: Traci G. Winter, MA, CCC-SLP
SOC Date: 4/30/2008

Writing

Initial Level: Limited to inaccurate attempts at copying without cueing, 1/5 trials
Goal: Functional for ADL's/expression of simple ideas- simple sentence structure without cueing, 80% accuracy

Speaking

Initial Level: Not functional at any level without cueing, <10% accuracy
Goal: Expressively identify objects using verbalizations/signs/symbols after prompt, 80% accuracy

Initial Level: Not functional at any level without cueing, <10% accuracy
Goal: Functional for ADL's/simple ideas- short, incomplete sentences without cueing, 70% accuracy

Reading Comprehension

Initial Level: NonFunctional - matching of simple visual symbols is inconsistent without cueing, <10% accuracy
Goal: Functional - simplified material related to activities of daily living without cueing, 80% accuracy

Auditory Comprehension

Initial Level: Limited to single words and short familiar phrases without cueing, <20% accuracy
Goal: Accurate and efficient-most situations - may have min difficulty with long/complex input/difficult environments without cueing, 70% accuracy

Eating - Swallowing

Initial Level: Restricted for solids - minimal supervision for compensatory strategies with cueing, 80% accuracy
Goal: Safe and efficient for all consistencies- periodic supervision with cueing, 90% accuracy

Goals

Functional characteristics and analysis: Ms. Henderson was a full time legal secretary prior to this CVA. Her communication skills prohibit her from returning to this level of employment at this time. Her family indicates that they would like for her to be able to return to work as a legal secretary if possible.

Functional Goals; Short Term: Pt. to trace large shapes, numbers and letters using adaptive pencil gripper with 80% accuracy.
 Pt. to match printed letters, shapes and number with 90% accuracy.
 Pt. to identify common household objects in a field of 3 with 80% accuracy.
 Pt. to imitate produce in unison with clinician rote language such as numbers 1-10, ABCs and common word pairs with 80% accuracy.
 Pt. to demonstrate compliance with all swallowing precautions during meals as reported by caregiver with 90% accuracy.

Physical Findings

Oral Motor

Oral motor structure/function is normal in all aspects: **No**

Facial Appearance:
 Right Sided Weakness

Structural Abnormality noted in:
 Right Cheek

Strength Reduced in:
 Lips - Right; Mandible - Right; Tongue - Right; Velum - Right

Range of Motion Reduced for:
 Lips - Right; Mandible - Right; Lingual Lateralization - Right

Rate of Movement Reduced for:
 Lips; Tongue

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Tremor/Involuntary Movement Noted in:

Tongue during sustained posture

Sustained phonation reveals:

Decreased phonation time

Vocal Cord Adduction appears weak on:

Cough

Is Drooling Present:

Yes

Diadochokinetic Testing Reveals:

Sequential Motion Rates: Slow

Alternate Motion Rates: Slow

Language Exam**Comprehension of Spoken Language****Level of Break Down:**

One step commands

Improvement noted with:

Exaggerated linguistic stress; Reduced sentence length/complexity

Production of Spoken Language**Level of Break Down:**

Imitation of words

Oral Expression Consists of:

Jargon

Oral Expression Characterized by:

Non-fluent, effortful production

Improvement noted with:

Melodic intonation

Comprehension of Written Language**Level of Break Down:**

Letter matching tasks

Improvement noted with:

Imposed pacing

Production of Written Language**Difficulty With:**

Copying

Writing consists of:

Meaningless graphic markings

Improvement noted with:

Adaptive pencil holder

Special Tests:

Minnesota Test for Differential Diagnosis of Aphasia

Special Test Comments:

Attempted to administer the MTDDA but this patient became frustrated when she had difficulty with even the simplest of tasks. We discontinued testing and this patient was evaluated using informal measures and language analysis. While the patient did become upset with her inability to perform tasks withing the MTDDA, this reaction lends support to the theory that she is able to understand some language within context and has some awareness and insight into her deficits.

Swallowing Exam

Patient Name: Henderson, Beatrice
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Date: 4/6/2008
DOB: 10/9/1952
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SOC Date: 4/30/2008

Swallowing Function Exam is normal in all aspects: No

Clinical Findings:

Prolonged oral transit time
Poor lip closure with food/liquid loss

Swallowing Comments (Liquid):

This patient had a video swallow study on March 30, 2008, while at Happy Hosiptal. Recommended swallowing precautions included: small bolus, alternate liquids and solids, cue for multiple swallows per bolus, upright positioning during all intake and for 30 minutes following each meal.

Clinical Findings:

Pocketing on right
Poor lip closure with food/liquid loss
Prolonged oral transit time

Swallowing Comments (Food):

Dietary Recommendations per video swallow study : Continue with soft diet with finely chopped meats with regular liquids.

Reflux Comments:

Not applicable.

Impressions / Recommendations

Diagnostic Impressions:

This patient presents with severe to profound impairment of receptive and expressive language skills. Patient presents with moderate oral phase dysphagia.

Diagnostic Recommendations:


Continue with swallowing precautions and dietary modifications per video swallow study report of March 30, 2008. Defer administration of the MTDDA until patient is emotionally less labile and better able to resond to test stimuli without undue frustration.

Interventions (CPT Code)

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- Speech/Hearing/Voice/Communication Therapy - Individual 92507
- Treatment - Swallowing dysfunction &/or Oral function, feeding 92526

Frequency of SLP: Three times weekly

Duration of SLP: 3 months


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