

# *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  
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Listening, Language & Learning

Phone: 615-259-3605  
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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  
Medical Record #: 1234-08  
Account #:  
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Provider #: 89458-1234

Date: 4/6/2008  
DOB: 10/9/1952  
Treating Clinician: Traci G. Winter, MA, CCC-SLP  
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  
 I certify the need for these services furnished under this plan of treatment while under my care.

\_\_\_\_\_  
 Date/Time

*Traci G. Winter, MA, SLP*  
 4/30/2008  
 4:33:18 PM

\_\_\_\_\_  
 Traci G. Winter, MA, CCC-SLP  
 State License #: SP0715

\_\_\_\_\_  
 Date



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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
<b>Primary Diagnosis:</b>	3/19/2008	434.11	Cerebral Embolism With Cerebral Infarction
<b>Other Diagnosis:</b>	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

**Patient Name:** Henderson, Beatrice  
**Medical Record #:** 1234-08  
**Account #:**  
**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**

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

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<b>Traci G. Winter, MA, CCC-SLP</b>	<b>Date/Time</b>
<b>State License #: SP0715</b>	