

Speech Therapy Progress Note for Remote Visit Using Telecommunication Technology

Start Time: _____ End Time: _____

Patient Name	Patient Signature
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Rehab Potential: Excellent Good Fair Poor Mental Status: Alert Oriented Disoriented Forgetful Confused

Assessment

update comprehensive health assessment

	Functional Status						Functional Status				
	Pre-Illness	Min Assist	Mod Assist	Max Assist	Non-Func		Pre-Illness	Min Assist	Mod Assist	Max Assist	Non-Func
Arousal						Augmentative/Alt Comm					
Attention						Pragmatic Skills					
Auditory Processing						Motor Speech Production					
Verbal Language Express						Swallowing					
Reading Comprehension						Memory					
Written Formulation						Problem Solving					

Treatment - Check All That Apply

- Evaluation Voice Disorders Treatment Speech Articulation Establish-Upgrade Home Program
 Dysphagia Treatments Language Disorders Aural Rehabilitation Non-oral Communications Other

Pain Assessment: No pain Location: _____ Duration: _____ Intensity: 1 2 3 4 5 6 7 8 9 10

Current pain control: _____

Limitations - Receptive/Expressive/Physiological/Behavioral

Treatment Plan/Plan of Care:

Goals - Short Term:

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Goals - Long Term:

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Technology (application/device) used: _____

Who is onsite with the patient during the visit _____ (names)

Assistance provided Yes No Describe _____

Therapist's Signature/Date