Your Hospital's Logo Here

SPEECH, LANGUAGE, VOICE & DYSPHAGIA CONSULTATION

PATIENT IDENTIFICATION

ADMITTING DIAGNOSIS:

PRIOR LEVEL OF FUNCTION: ☐ Within Functional Limits ☐ Wears Hearing Aid(s)

VISION: ☐ Within Functional Limits ☐ Wears Glasses

HEARING:

SIGNIFICANT MEDICAL HISTORY		
SWALLOWING		Within Functional Limits
		Pain with Swallow: ☐ YES ☐ NO ☐ See Pg 2 for more detail
MOTOR SPEECH & VOICE		Within Functional Limits
EXPRESSIVE LANGUAGE / MAKES NEEDS KNOWN		Within Functional Limits
		☐ See Pg 2 for more detail
RECEPTIVE LANGUAGE		Within Functional Limits
		☐ See Pg 2 for more detail
FUNCTIONAL COMMUNICATION SKILLS FOR SAFETY		Within Functional Limits
ASSESSMENT FINDINGS		
		☐ See Pg 2 for more detail

RECOMMENDATIONS

- ☐ Skilled Evaluation Recommended for: _____
- ☐ No Service Needs Indicated While in Hospital
- ☐ No Services Recommended After Discharge From Hospital
- ☐ Patient / Family Education Plans: _____
- ☐ Swallow Function Study - Reason: _____
- ☐ _____

DISCHARGE RECOMMENDATIONS

- ☐ HOME
- ☐ HOME w/ Speech, Language & Swallow Services
- ☐ OUTPATIENT w/ Speech, Language & Swallow Services
- ☐ SKILLED REHAB / Sub - Acute
- ☐ ACUTE REHAB / Comprehensive
- ☐ LONG TERM CARE
- ☐ OTHER: _____

SIGNATURE:	TITLE:	EXTENSION / PGR:	DATE:

PART OF THE MEDICAL RECORD