

# SPEECH THERAPY CLINICAL NOTE & VISIT REPORT SHEET

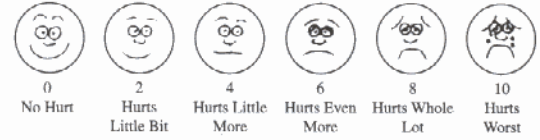
PATIENT'S NAME			MEDICAL RECORD #		
FREQUENCY OF VISITS:	Service Type	TIME		MILEAGE	TIME IN
		LOV	Travel		
DATE:	Ext.		Ext.		TIME OUT

MD Contact

### SUPPLIES

Place Supply Labels on DP Copy

\_\_\_\_\_ I have been notified of a change in the plan of care.



Patient's Signature \_\_\_\_\_

Pain is: \_\_\_\_\_ RN notified \_\_\_\_\_

**Clinical Update:** Information in box will be entered for medical update

### SPEECH THERAPY NARRATIVE

**S. Subjective Comments:**

<b>O. Objective:</b>	Speech Production	Language	Fluency	Voice
	___ Articulation	___ Receptive	___ Direct	___ Assisted
	___ Assisted	___ Expressive	___ Indirect	___ Unassisted
	Dysphagia	Family Training		
	___ Direct	___ Conference		
	___ Indirect	___ Individual		
	___ Passive			

**A. Assessment:**

**P. Plan:**

\_\_\_\_\_  
Speech - Language Pathologist Signature

440 = Billable Visit - Service Type

449 = Nonbillable Visit - Service Type

EXTENSION CODES

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- |                        |                         |
|------------------------|-------------------------|
| 105 = Discharge Visit  | 108 = PRN Visit         |
| 106 = Evaluation Visit | 200 = After Hours Visit |