Evaluation/Reassessment Date:

Abbey Home Health

SPEECH/LANGUAGE PATHOLOGY

Patient Name: | Record #:

☐ EVALUATION

☐ FUNCTIONAL REASSESSMENT

Therapy Visit # _____ (optional par agency policy)

Combined Therapy Visit # _____ (optional par agency policy)

☐ 11-13th - Visit ☐ 17-19th - Visit ☐ 30 - Day

Reason for SLP Referral:

Prior Functional Status:

Homebound ☐ Yes ☐ No If Yes, give reason:

ASSESSMENT

VITAL SIGNS (per agency policy)

PULSE: ☐ Apical _____ (Reg) (Irreg)
☐ Radial _____ (Reg) (Irreg)

TEMP.: _____ **RESP.:** _____ ☐ Actual ☐ Stated

Height _____
Weight _____

B/P	Lying	Sitting	Standing
L			
R			

PAIN

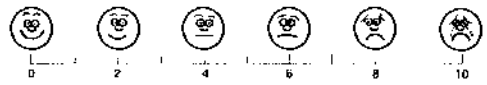
☐ See Additional Pain Assessment/Documentation (per agency policy)
Refer to:

Frequency of Pain interfering with patient's activity or movement:

☐ 0 - Patient has no pain
☐ 1 - Patient has pain that does not interfere with activity or movement
☐ 2 - Less often than daily
☐ 3 - Daily, but not constantly
☐ 4 - All the time

WONG-BAKER FACES[1] PAIN RATING SCALE

Intensity: No Hurt | Hurts Little Bit | Hurts Little More | Hurts Even More | Hurts Whole Lot | Hurts Worst



[1] From Hockenberry MJ, Wilson D. Wong's essentials of pediatric nursing, ed. 8, St. Louis, 2009, Mosby. Used with permission. Copyright Mosby.

PAIN PROFILE

Primary site:
Onset date:
Pain precipitated by:
Pain site assessment:
Current pain management & effectiveness:
Pain description: ☐ Dull ☐ Sharp ☐ Other:
☐ Pain management teaching to patient/family *(document below)*
Patient's pain goal:

Comments/Progress Towards Goals

PHYSICAL

☐ No deficit

☐ Mouth lesions/nodules ☐ Hard/soft palate abnormalities ☐ Inflamed mucosa ☐ Hard of hearing ☐ Ear infections ☐ Other:
☐ Abnormal tonsil appearance ☐ Tongue abnormalities ☐ Dyspnea ☐ Deaf ☐ Ear abnormalities

Comments

NUTRITION

Prescribed Diet:

Prescribed diet is a factor in the patient's plan and goal ☐ Yes ☐ No If Yes, explain:

FUNCTIONAL

KEY: A = Absent P = Present I = Independent MOD = Moderate Assist MAX = Maximum Assist Y = Yes N = No

	A	P	I	MOD	MAX	I	Y	N
Answers simple questions								
Slurring								
Matches letter/pictures								
Uses sentences								
Voice								
Volume								
Quality								
Follows direction								
Recognizes letters								
Add/Subtract								

	A	P	I	MOD	MAX	I	Y	N
Multiply/Divide								
Time								
Read								
Copy forms								
Signature								
Word finding								
Copy Words								
Money								
Reliable								
Pitch								

	A	P	I	MOD	MAX	I	Y	N
Articulation								
Dysphagia								
Swallows liquids								
Swallows solids								
Chewing								
Choke								
Cough								
Pocketing/residual								
History of pneumonia								

Comments/Progress Towards Goals

WHITE - Medical Record YELLOW - Office/Home Chart

SPEECH/LANGUAGE PATHOLOGY
EVALUATION/FUNCTIONAL REASSESSMENT

EVALUATION

ANY ADDITIONAL PROBLEMS IDENTIFIED

ADDITIONAL SERVICES INDICATED ☐ OT ☐ MSS ☐ AIDE ☐ SN ☐ HME ☐ PT

☐ OTHER

SLP ORDERS

Frequency of SLP Visit:

FOR: Assess/Perform/Instruct Pt/Cg:	A	P	I	Assess/Perform/Instruct Pt/Cg	A	P	I
☐ Swallowing assessment & training	☐	☐	☐	☐ Exercises/Plan for strengthening oral-motor movements	☐	☐	☐
☐ Food texture education/recommendations and/or Home Plan established	☐	☐	☐	☐ Aphasia treatment plan	☐	☐	☐
☐ Develop/Establish alternate communication plan	☐	☐	☐	☐ Teaching language processing skills	☐	☐	☐
☐ Swallowing safety plan development	☐	☐	☐	☐ Aural rehab program	☐	☐	☐
☐ Dysphagia interventions/program	☐	☐	☐	☐ Other:	☐	☐	☐
☐ Aspiration precaution plan	☐	☐	☐	☐ Other:	☐	☐	☐

GOALS / REHABILITATION POTENTIAL / DISCHARGE PLAN

☐ Patient/Caregiver will verbalize understanding of home plan, as evidenced by _____ within _____ period of time.

☐ Patient safety will be maintained throughout plan, as evidenced by _____ within _____ period of time.

☐ Patient/Caregiver will verbalize/communicate understanding of prescribed diet plan as evidenced by compliance with diet plan within _____ period of time.

☐ Patient will reach maximum level of functioning, as evidenced by _____ within _____ period of time.

☐ Patient/Caregiver's Expectations:

☐ Other:

☐ Other:

☐ Rehabilitation Potential

SPECIFIC SLP GOALS
Measurable Short Term:

Measurable Long Term:

Skilled Services provided this visit and patient response:

SLP DISCHARGE PLANS

☐ Patient to be discharged when skilled care no longer needed ☐ Other (specify):

☐ Patient to be discharged to the care of: ☐ Self ☐ Caregiver ☐ Other:

REASSESSMENT

VARIABLE FACTORS/CONDITIONS AFFECTING PATIENT'S RESPONSE

☐ Unexpected Temporary Illness ☐ New Diagnosis

☐ Unexpected Family/Personal Event ☐ Other (specify):

EXPECTATIONS PATIENT'S CONDITION WILL IMPROVE

Is patient progressing towards goals? ☐ Yes ☐ No Is Goal attainable in a reasonable and generally predictable period of time? ☐ Yes ☐ No

Provide clinically supportable statement to explain

Continue with current Plan of Care? ☐ Yes ☐ No If No, notify MD if update to POC is needed

Skilled Services provided this visit and patient response:

PATIENT NAME	Patient Signature/Date (optional per agency policy):
SPL's Signature/Date.	Time In ☐ AM ☐ PM Time Out ☐ AM ☐ PM
	Physician's Signature/Date (optional per agency policy):

CHECK ONE: ☐ G0153-ST ☐ G0151-ST Maintenance