

SPEECH THERAPY PROGRESS NOTE

PATIENT NAME _____

MEDICAL RECORD NUMBER _____

VISIT DATE	TIME IN	<input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OUT	<input type="checkbox"/> AM <input type="checkbox"/> PM
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DIAGNOSIS

CHANGES IN MEDICATIONS	FALLS SINCE PREVIOUS VISIT
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CHANGE IN STATUS OR ENVIRONMENT

VITAL SIGNS
 BP _____ HR _____ RR _____ O2 SAT LEVELS _____ REST ACTIVITY POST ACTIVITY

Speech Therapy Communication:

Expressive Language

Reading

Writing

Receptive Language

Motor Speech Production

Alternative Communication Devices

Activity Tolerance

Pain

Therapeutic Exercises

Speech Therapy Dysphagia:

Secretion Management

Labial ROM/Strength/Coordination

Lingual ROM/Strength/Coordination

Reflexes

Oral Motor

Vocal Quality

Labial Seal

Mastication

Bolus

A/P Transfer

Oral Clearance

Onset of swallow

Laryngeal Excursion

Esophageal Phase

Activity Tolerance

Pain

Therapeutic Exercises

Compensatory techniques

RESPONSE TO INTERVENTIONS:
