

Demographics and History

Pt ID/Medical Record Number:

First Name:

Middle Name:

Last Name:

Address:

Home Phone number:

Cell Phone:

Work or other number:

Emergency Contact:

Name:

Number:

Marital Status:

Married, single, divorced, widow/widower

Date of birth:

Age:

Gender: male female

Race/Ethnicity: (select one or more)

American Indian/Alaska Indian, Asian, Black/African American,
 Hispanic/Latino, Native Hawaiian or other Pacific Islander, White,
 Unknown

Facility admission date:

Date of SLP evaluation:

Referring physician or service:

Clinician ID:

Clinician NPI (National Provider Identifier):

Primary funding source:

Medicare A
 Medicare B
 Medicaid (Fee for Service)
 Medicaid (Managed Care)
 Veteran's Administration
 Commercial Fee for Service Insurance: _____
 Managed care plan (HMO, PPO, IPA) _____
 Self pay
 Unknown

HIC number/Insurance ID number:

Name of insured:

Medical Diagnosis (select all that apply)

- Neoplasm Lip/Pharynx (140.00 – 149.99) Primary; Secondary
- Other Neoplasm (150.00 – 160.99 & 162.00 – 239.99) Primary; Secondary
- Neoplasm Larynx (161.00 – 319.00); Primary; Secondary
- Mental Disorders (290.00 – 319.00); Primary; Secondary
- Anoxia (348.10); Primary; Secondary
- Encephalopathy (348.30); Primary; Secondary
- CNS Diseases (320.00 – 348.00 & 348.40 - 359.90); Primary; Secondary
- Cerebrovascular Disease (430.00-432.99 & 436.00 – 438.99) Primary;

Secondary

- left, right, bilateral, unknown;
- Occlusion/TIA (433.00 – 435.90); Primary; Secondary
- Respiratory Diseases (460.00 – 519.99); Primary; Secondary
- Hemorrhage Injury (852.00 – 852.99); Primary; Secondary
- Head Injury (854.00 – 854.99); Primary; Secondary
- Other: _____

Onset Date of Primary Medical Diagnosis:

Communication/Swallowing Diagnosis (select all)

- Aphasia (784.3)
- Apraxia (784.69)
- Cognitive-communication disorder (438.0 – 438.10)
- Dysarthria (784.5)
- Dysphagia, unspecified, (787.20)
- Dysphagia, oral phase (787.21)
- Dysphagia, oropharyngeal phase (787.22)
- Dysphagia, pharyngeal phase (787.23)
- Dysphagia, pharyngoesophageal phase (787.24)
- Other dysphagia (787.29)
- Fluency disorder (307.0)
- Voice disorder (784.4 – 784.49)
- Other: _____

Other relevant medical history/diagnoses/surgery:

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Relevant Medications:

Medication	Dosage

Allergies: _____

Current Treatment Setting

- Hospital
 Inpatient rehab facility
 Subacute
 Skilled nursing facility
 Home health
 Outpatient rehab facility
 Comprehensive outpatient rehab facility
 Day treatment
 Assisted living facility
 Non physician practitioner
 Other _____

Setting Previous to Current Admission:

- Hospital
 Date of admission from hospital: _____
 Date of discharge from hospital: _____
 Inpatient rehab facility
 Subacute
 Skilled nursing facility
 Home
 Alone
 Living with spouse/family, caregiver, other: _____
 Assisted living facility
 Unknown
 Other: _____

Received SLP in previous setting: ___yes, ___no, ___unknown

Living Situation Prior to Onset of Medical Diagnosis:

- Home
 Alone
 Living with spouse/family, caregiver, other _____
 Skilled nursing facility

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- Assisted Living
- Homeless
- Unknown
- Other: _____

Educational background:

- Did not graduate HS
- HS grad/GED
- College grad
- Advanced degree
- Currently attending: HS, college, vocational
- Unknown

Vocation:

- Currently employed as _____
- Retired from employment as _____
- Volunteer activities _____

Recreational Activities:

Is English primary language? yes no;
 If no, interpreter needed? yes no

If no: Language(s) spoken at home: (select all)

- Arabic, Chinese, English, French, German, Italian,
- Japanese, Korean, Spanish, Russian, Vietnamese,
- Other: _____

If no: Language(s) spoken in workplace/community: (select all)

- Arabic, Chinese, English, French, German, Italian,
- Japanese, Korean, Spanish, Russian, Vietnamese,
- Other: _____

Cultural/linguistic considerations: _____

Reason for referral:

- Augmentative-Alternative Communication (Speech Generating Device)
- Cognitive Communication
- Language
- Resonance
- Speech
- Swallowing
- Voice

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Overview of Related Systems

Problems or change in: (check all that apply)

Hearing: _____

Wears hearing aid(s): no yes

Vision: _____

Wear glasses: no yes

Dentition: _____

Wears dentures no yes

Resonance:

Respiration:

Tracheostomy: no yes

Type:

Size:

Cuffed: yes no

Fenestrated: yes no

Mechanical ventilation: no yes

Intubation history: _____

Hand dominance

Right

Left

Ambidextrous