Part B - Speech Therapy/Rehabilitation Progress Notes

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| Patient Name: | DOB: | Health Plan ID: |
| Date of Admit:  |  Date of Review: |

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| SERVICES (circle choice): SPEECH / SWALLOWING / COGNITION |
| PERCENT IMPROVEMENT:SPEECH % SWALLOWING % COGNITION % |
| COGNITIVE TESTING DONE (circle choice): MMSE / SLUMS / ACL / ETC |
| PERCENT IMPROVEMENT:MMSE % SLUMS % ACL % ETC % |
| EXERCISES BEING DONE (describe briefly): |
| DESCRIBE PROGRESS: |

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**