

Speech Therapy Documentation Form



Fax this completed form to 855-662-7969.

Member name _____ Authorization number _____

Facility name _____ Facility contact _____

Facility phone _____

7= Independent (100% accurate) 6= Moderately independent (100% accurate with assist device or extra time) 5= Supervision (required <10% assist)
4= Minimal assistance (75-90% accurate) 3= Moderate assistance (50-74% accurate) 2= Maximum assistance (25-49% accurate)
1= Dependent (0-25% accurate)

Initial evaluation status	Date of update				
	Number of days requested				
	Auditory comprehension				
	Simple or complex				
	Verbal expression				
	Word level				
	Sentence level				
	Conversation level				
	Reading comprehension				
	Written expression				
	Motor speech or intelligibility				
	Memory				
	Short-term or long-term				
	Problem-solving				
	Simple or complex				
	Swallowing				
	Diet				
	Intake percentage				
	Supplemental feeding(s)				
	Strategies				
	Discharge plan				
Comments					