**[Nicespeechlady.com](https://nicespeechlady.com/) Cumulative SNF and HH SLP Evaluation Template**

This is a copy/paste format for SLP use in SNFs and HH settings during initial evaluations. It is recommended a copy/paste action occur, sections that are not needed be removed and then filled-out on the individual patient, then the completed narrative pasted into the “other” section of the therapy EMR. In addition, standardized testing from [nicespeechlady.com Assessment Tools List](https://nicespeechlady.com/nicespeechlady-com-assessment-tools-list/), [Listing of Non-nicespeechlady.com Standardized and/or Norm-Referenced Measures,](https://nicespeechlady.com/listing-of-non-nicespeechlady-com-standardized-and-or-norm-referenced-measures/) and electronic audio recordings can be beneficial.

A cognitive-linguistic/communication/swallowing/voice evaluation and screening process was conducted today. Results were obtained via direct testing/assessment tasks, observation, patient report, caregiver/family report and chart review. Results include:

Patient Report on PLOF:
Patient Report on Areas of Concern:
Family Report on Patient’s PLOF:
Family report on Areas of Concern:

(Ranking: WNLs, WFLs, occasional MIN cues, MOD, MAX, MOD/MAX, PROF — )
Hearing status —
Vision status —

Language spoken:
Rancho Los Amigos Scale rating:

Answering simple yes/no questions —
Answering complex yes/no questions —
Following commands (one step) —
Following complex commands (2-step) —
Following complex commands (3-step)—
Speech automatics —
Confrontational naming —

Confrontational naming (word by word) --
Defining functions of common items --
Repetition: multi-syllabic words --
Repetition: sentences —

Idiomatic Phrase completion —
Word-finding skills —
Defining words —
Spontaneous conversational speech —

Articulation skills conversationally —
Percentage of intelligibility to speech pathologist —
Anticipated percentage of intelligibility, unfamiliar listener —

Orientation —

One sentence recall (two-minute delay)—
Two sentence recall (two-minute delay)—
Three sentence recall (two-minute delay) —
Short-term memory in story retell (immediate) —
Short-term memory in story retell (delayed five minutes) —

Details on Recall from previous day —

Need for a posted calendar —
Organizing/sequencing complex information —
Inferencing —
Comparing/contrasting —
Mental flexibility —

Functional tasks (by report)

* Safety with ambulation/transfers/in general:
* Money management:
* Time/schedule management:
* Executive functioning for meeting physical needs, such as cooking, cleaning, laundry, restroom visits:
* Medication organization, and administration:
* Communicating/advocating for care:
* Negotiating with others to have medical needs met

How communication skills impact cognition:

How cognition impacts communication skills:

Orientation skills via use of index cards of options for nonverbal/aphasic patients —
    •    Location:
    •    Month:
    •    Date:
    •    Day of the week:
    •    Year:
    •    Time of day:
    •    Current President:
    •    City:
    •    State:
    •    Situation/medical history leading to care:
Speech automatics via use of index cards of options for nonverbal/aphasic patients —
    ⁃    Days of the week:
    ⁃    Counting from 1-10:
    ⁃    Months of the year:
    ⁃    Alphabet:
Voicing skills
    •    Quality of voice:
    •    Pitch strengths/areas of difficulty:
    •    Average length of sustained vocalization of /a/:
    •    Loudness strengths/areas of difficulty
    •    S/z ratio average on three attempts:
    •    Area of concern for voicing, area of involvement:

Need for A/AC consideration:

Other issues observed:

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SWALLOW EVALUATION: A bedside swallow evaluation (non-instrumental) was conducted today. Results are as follows:
ORAL MECHANISM EXAMINATION:
Labially:
Lingually:
Buccally:

Dentition:
Jaw:
Presence/absence of reports of numbness facially:
Other observations:
CURRENT DIET AND LIQUID TEXTURES:
RESULTS OF CONSISTENCIES TESTED:
LIP SEAL:
TONGUE MOVEMENT DURING THE ORAL PHASE:
MASTICATION:
A-P TRANSIT:
POSITIONING CONCERNS:
MEDICAL HISTORY RELATED TO DYSPHAGIA:
VOCAL QUALITY POST-SWALLOWS:
ORAL FUNCTION:
LARYNGEAL/PHARYNGEAL ANALYSIS:
LARYNGEAL RISE/ELEVATION and TIMING:
VOLITIONAL COUGH PRESENCE OR ABSENCE:
PO INTAKE:
Weight loss/changes:
HEAD CONTROL/TRUNK CONTROL:
SWALLOWING PILLS:
SWALLOWING WITH STRAWS:
HISTORY OF VSA/FEES TESTS AND RESULTS:
SWALLOW ASSISTANCE PROVIDED:
BEHAVIORAL ISSUES WHICH LEAD TO UNSAFE SELF-FEEDING AND SWALLOWING SAFETY:
Asking family is performance is typical for patient/family (based on time of day, pain, etc.).
Any other areas not assessed that are important to patient/family

DIET CONSISTENCY/LIQUID CONSISTENCY RECOMMENDATIONS:
EDUCATION PROVIDED:
COMPENSATORY TECHNIQUES RECOMMENDED:

Summary:

How Communication Deficits Impact Function, ADLs:

How Cognitive-Linguistic Deficits Impact Function, ADLs:

How Swallowing Deficits Impact Function, ADLs:

IMPRESSIONS: Patient presents with XXXXXXXX. SLP involvements present as functional deficits as: XXXXXXX. Without skilled SLP, the patient is at risk for XXXXXXX. Benefits of SLP will involve XXXXXXXX. Beyond the patient’s stay at the SNF, the anticipated amount of time with SLP is: XXXXXXXXX. Family support includes XXXXXXX. Barriers to progress include XXXXXXXX. Areas of strength for the patient include XXXXXXXXX.

Goals will target: XXXXXXXXXX.

Goals/POC established.

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