

Speech Therapy Chart Review

NAME:		DATE OF CHART REVIEW:		
REASON FOR MOST CURRENT HOSPITALIZATION:		DOB:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	GLASSES: <input type="checkbox"/> Y <input type="checkbox"/> N
		HEARING AIDS: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Left	<input type="checkbox"/> Right
PREMORBID STATUS:				
REASON FOR REFERRAL:				
MEDICAL HISTORY/ DIAGNOSIS:				
<input type="checkbox"/> Stroke/ CVA	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Amyotrophic Lateral Sclerosis	<input type="checkbox"/> Huntington's Chorea
<input type="checkbox"/> Right or Left Sided Paresis/ Paralysis	<input type="checkbox"/> Alcohol or Substance Abuse	<input type="checkbox"/> Hip Fracture	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> GERD
<input type="checkbox"/> Dementia	<input type="checkbox"/> Lung Disease or COPD	<input type="checkbox"/> Recurrent Pneumonia	<input type="checkbox"/> Urinary Tract Infections	<input type="checkbox"/> Previous Swallow Study
<input type="checkbox"/> Respiratory Failure	<input type="checkbox"/> Altered Mental status	<input type="checkbox"/> Head and/or Neck Cancer	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Other Neurological Disease / Problems
COGNITIVE STATUS:				
<input type="checkbox"/> Agitated	<input type="checkbox"/> Alert	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Confused	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Follows directions	<input type="checkbox"/> Oriented
PATIENT'S TOLERANCE ON CURRENT DIET / SYMPTOMS OF DYSPHAGIA:				
<input type="checkbox"/> Choking/ Gagging	<input type="checkbox"/> Coughing	<input type="checkbox"/> Reflux	<input type="checkbox"/> Edentulous	<input type="checkbox"/> Fever
<input type="checkbox"/> Food sticking in mouth or throat		<input type="checkbox"/> Loose Dentures	<input type="checkbox"/> Drooling/ Increased secretions	<input type="checkbox"/> Dehydration
<input type="checkbox"/> Resistance to eat or drink		<input type="checkbox"/> Throat clearing	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Changes in diet
<input type="checkbox"/> Increased time to consume meal		<input type="checkbox"/> Wet vocal quality	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Respiratory probs.
<input type="checkbox"/> Nutrition concerns	<input type="checkbox"/> Pocketing food	<input type="checkbox"/> Spillage of liquids or food	<input type="checkbox"/> Taking a long time to swallow	<input type="checkbox"/> Patient complaint
RESPIRATORY STATUS:				
<input type="checkbox"/> WNL	<input type="checkbox"/> Audible Congestion	<input type="checkbox"/> Continuous O ₂	<input type="checkbox"/> Suctioning	<input type="checkbox"/> Tracheostomy (note status of cuff & if tracheostomy speaking valve)
<input type="checkbox"/> Ventilator dependent	<input type="checkbox"/> Lung sounds	<input type="checkbox"/> Rales or Rhonchi	<input type="checkbox"/> Recent Intubations	
CURRENT DIET:				
<input type="checkbox"/> Regular	<input type="checkbox"/> Mechanical Soft	<input type="checkbox"/> Finely Ground	<input type="checkbox"/> Pureed	<input type="checkbox"/> Low salt
<input type="checkbox"/> Low cholesterol	<input type="checkbox"/> Low sodium	<input type="checkbox"/> Regular liquids	<input type="checkbox"/> Nectar thick liqs.	<input type="checkbox"/> Honey thick liqs.
<input type="checkbox"/> Pudding thick liqs.	<input type="checkbox"/> Low potassium	<input type="checkbox"/> Other:		
MEDICATIONS:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

