### Admitting Diagnosis:

**Within Functional Limits**  
**Within Functional Limits**  
**Within Functional Limits**

### Prior Level of Function:

- [ ] Within Functional Limits  
- [ ] Wears Hearing Aid(s)  
- [ ] Wears Glasses  

### Vision:

- [ ] Within Functional Limits  
- [ ] Wears Glasses

### Hearing:

**Significant Medical History**

### Swallowing:

- Within Functional Limits

- Pain with Swallow: [ ] Yes  
- [ ] No  
- [ ] See Pg 2 for more detail

### Motor Speech & Voice:

- Within Functional Limits

### Expressive Language / Makes Needs Known

- Within Functional Limits

- See Pg 2 for more detail

### Receptive Language:

- Within Functional Limits

- See Pg 2 for more detail

### Functional Communication Skills for Safety

- Within Functional Limits

- See Pg 2 for more detail

### Assessment Findings

- [ ] See Pg 2 for more detail

### Recommendations

- Skilled Evaluation Recommended for:

- [ ] No Service Needs Indicated While in Hospital

- [ ] No Services Recommended After Discharge From Hospital

- [ ] Patient / Family Education Plans:

- [ ] Swallow Function Study - Reason:

- [ ] Other:

### Discharge Recommendations

- HOME

- HOME w/ Speech, Language & Swallow Services

- OUTPATIENT w/ Speech, Language & Swallow Services

- SKILLED REHAB / Sub - Acute

- ACUTE REHAB / Comprehensive

- LONG TERM CARE

- OTHER:

### Signature:

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**Part of the Medical Record**

8850546 Rev. 09/05  
Speech, Language, Voice & Dysphagia Consultation_REHAB  
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