

[if possible, print on letterhead]

ADDENDUM TO AAC EVALUATION REPORT

Date of Original Evaluation: _____ Date of Addendum: _____
Date of Trial/Rental Period (if applicable): _____

CLIENT INFORMATION

Name: _____ Date of Birth: _____
Medical Diagnosis: _____ Speech Diagnosis: _____

BACKGROUND INFORMATION

(IN THIS SECTION, EXPLAIN THAT YOU RECENTLY SUBMITTED A REQUEST FOR PURCHASE OF -NAME OF DEVICE- FOR -NAME OF CLIENT- REFERENCE THE ORIGINAL REPORT AND DATE. INCLUDE BASIC BACKGROUND INFORMATION AND ANY RELEVANT UPDATES, INCLUDING IMPORTANT OF CLIENT'S ABILITY TO COMMUNICATE MEDICAL NEEDS)

IF THE CLIENT MIGHT BE AT HIGHER RISK FOR SEVERE ILLNESS COMMENT ON THE ROLE OF THE DEVICE IN HELPING THE CLIENT COMMUNICATE SYMPTOMS AND GET TREATMENT. IF YOU ARE USING THIS DURING COVID-19, SEE [CDC GUIDELINES](#) FOR MORE INFORMATION.

REASON FOR THIS ADDENDUM

(IN THIS SECTION EXPLAIN WHY THE REPORT IS DATED MORE THAN 6 MONTHS AGO AND VERIFY THE CLIENT'S STATUS REMAINS THE SAME AND THE RECOMMENATION REMAINS APPROPRIATE FOR THE CLIENT)

Example: "The original evaluation was dated XXX. The purchase request has extended beyond the required 6-month timeline. The reason the trial/addendum was delayed is XXX (be specific. This will vary by team. Examples include extended school/clinic closure or break, client/family illness, difficulty with scheduling/paperwork, precautionary measures to prevent the spread of COVID-19).

It is the professional opinion of this SLP that client's medical status and medical communication needs remain the same as the original evaluation. As such, the information and recommendation in the original evaluation are still valid.

RECOMMENDATION

(IN THIS SECTION REITERATE YOUR RECOMMENDATION FOR PURCHASE).

Example: "As explained in the AAC Evaluation Report, the (DEVICE NAME) has been found to be the most cost-effective SGD to meet (CLIENT's) medical communication needs. It is recommended that the following items be purchased for (CLIENT) which are needed for the proper and most functional use, positioning, and care of the SGD:

- E2510 (DEVICE NAME)
- E2599 (ACCESSORIES- KEYGUARDS, TOUCHGUIDES, SYMBOLS, VOICES) if any
- E2512 (MOUNT, SPECIFY) if any

PHYSICIAN INVOLVEMENT STATEMENT:

(IN THIS SECTION INDICATE THE REPORT WAS SUBMITTED TO PHYSICIAN)

Example: "This addendum was forwarded to the treating physician (NAME, ADDRESS, PHONE NUMBER) on (DATE). The physician has completed a Certificate of Medical Necessity for the recommended equipment."

STATEMENT OF INDEPENDENCE AND SLP SIGNATURE

The speech-language pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

NAME, CREDENTIALS, ASHA Certificate Number:

Signature

Date