

# Speech/Language Repair Evaluation

IMPORTANT: This document is intended for use with the repair of a SGD. This information must be submitted to Medicare within six months of the evaluation.

<b>Client's name:</b>	John Doe		
<b>Address:</b>	123 Main Street Anytown, Ohio 11111		
<b>Date of birth:</b>	01/01/2001		
<b>Client Medicare ID Number:</b>	XXXXXXXXXX		
<b>Medical diagnosis:</b>	Cerebral Palsy 343.9		
<b>Place of residence:</b>	<input checked="" type="checkbox"/> Home	<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Nursing Facility
	<input type="checkbox"/> Custodial Living	<input type="checkbox"/> ICFMR	<input type="checkbox"/> Hospital
<b>Is Client Enrolled in a Hospice</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Current Communication Impairment: Type of communication impairment**

John is non-verbal due to his Cerebral Palsy. He is unable to use sign language due to poor muscle control. He is not able to form words; only sounds occasionally that are not understandable (even to his family members).

**Physical status:  
Examples of medical need for device**

John is in a wheelchair. He has his speech generating device, ECO 14, mounted to his wheelchair with a rigid mount.

**Daily communication needs:  
Describe the daily functional use of the SGD.**

John uses his ECO 14 every day. He uses his ECO 14 to interact with varies individuals in his daily activities. This device is always with him in case of an emergency, he is able to ask for assistance if needed.

**Brief description of need for repair:**

John uses his ECO 14 to communication with his family members, health care professionals, his aids, as well as others in his environment. This device is medically necessary and in need of repair so John can effectively communicate.

**SLP Signature: XXXXXX**

**License Number: XXXXXXXX**