

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.

Client's name:	John Doe		
Address:	123 Main Street Anytown, Ohio 11111		
Date of birth:	01/01/2001		
Client Medicare ID Number:	XXXXXXXXXX		
Medical diagnosis:	Cerebral Palsy 343.9		
Place of residence:	<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
Is Client Enrolled in a Hospice	<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, NovaChat 12, mounted to his wheelchair with a rigid mount.

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

John uses his NovaChat 12 every day. He uses his NovaChat 12 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 NovaChat 12 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