

**ORTHONET  
SPEECH-LANGUAGE PATHOLOGY INITIAL PLAN OF CARE**

<b>Member Name</b>			<b>Member ID #</b>	
<b>DOB /Age</b>			<b>Insurance Plan</b>	
<b>Provider Name</b>			<b>Treating SLP / Credentials</b>	
<b>SLP IE Date</b>			<b>Date of Report</b>	
<b>ICD-10 Dx</b>			<b>Date of Onset</b>	
<b>Medical History</b>				
<b>Pure Tone Screen</b>	<b>Date:</b>	<b>Pass 25 dB</b>	<b>Fail 25 dB</b>	<b>Examiner:</b>

**INITIAL PLAN OF CARE (POC)**

<b>Functional Communication Status</b>	
<b>Functional Swallowing Status</b>	

<b>Recommended Frequency of Therapy</b>	
<b>Date Range of POC</b>	
<b>Specific Treatment Techniques</b>	
<b>Discharge Plan</b>	
<b>Prognosis</b>	

<b>LONG TERM GOALS – Must be measurable / functional, and include time frame for achievement.</b>		<b>CURRENT LOF</b>	<b>TARGET LOF</b>	<b>TARGET DATE</b>
1				
2				
3				

<b>SHORT TERM GOALS – Must be measurable / functional, and include time frame for achievement.</b>		<b>CURRENT LOF</b>	<b>TARGET LOF</b>	<b>TARGET DATE</b>
1				
2				
3				
4				
5				

<b>Name / Title / Credentials of SLP</b>	<b>Signature</b>	<b>Date</b>	<b>Time</b>