

ORTHONET
SPEECH-LANGUAGE PATHOLOGY PROGRESS REPORT and UPDATED PLAN OF CARE

Member Name				Member ID #	
DOB /Age				Insurance Plan	
Provider Name				Treating SLP / Credentials	
ST IE Date				SOC Date	
ICD-10 Dx				Date of Onset	
Period Covered	From		To		Date of Report
Medical History					
Pure Tone Screen	Date:		Pass 25 dB	Fail 25 dB	Examiner:

PROGRESS

Functional status: Communication	Start of Period	
Functional status: Communication	Current	
Functional status: Swallowing	Start of Period	
Functional status: Swallowing	Current	

GOALS	% AT BASELINE	% PREV PR	% NOW	DATE MET OR DISCONTINUE	UPGRADE DATE	DOWNGRADE DATE
1						
2						
3						
4						
5						

UPDATED POC

Frequency of Therapy	Current	
Frequency of Therapy	Recommended	
Specific Treatment Techniques		
Date Range of POC		
Discharge Plan		
Prognosis		

GOALS	CURRENT LOF	TARGET LOF	TARGET DATE
1			
2			
3			
4			
5			

Name / Title / Credentials of SLP	Signature	Date	Time