



**Healing Hands Home Health Care**  
**Speech Pathology Clinical Note**

Client Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Services Provided**

- SLP Modality (Treatment)
- Neuromuscular
  - Breating Exercises
  - Coordination Exercises
  - Pharyngeal Muscle Strengthening
  - Swallowing Techniques
  - Relaxation Techniques
  - Oral Exercises
- Articulation
  - Phonetic Placement
  - Progressive Approximation
  - Imitative Drill
- Voice
- Fluency
- Family/PT. Teaching re: \_\_\_\_\_
- Establish Maintenance Program
- Home Program
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Cognition/ Linguistics
  - Orientation
  - Sequence Training
  - Word Recall/ Memory
- Visual/ Preceptual
  - Reasoning/Problem Solving
- Expressive Language
  - Verbal Communication
    - Imitative Drill
  - Grammar and Syntax
    - Language Boards
    - Gestures
  - Written Communication
- Receptive Language
  - Auditory Comprehension
  - Word Finding
  - Reading
  - Language Boards
- Management/Eval/Care Plan

**Home Bound Reasons:**

- Unable to Manage Steps
- Functional Limitations
- Requires Assistance
- Other

ResponsetoCare/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_

Visit Frequency \_\_\_\_\_  Change  Patient/Family Informed

Care Coordination: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Team Leader: RN PT St Aide MSW Dr. Patient Caregiver\

Clinician Signature/ Title: \_\_\_\_\_

Client Signature: \_\_\_\_\_