McLaren Flint FLINT, MICHIGAN SPEECH THERAPY TREATMENT FLOW SHEET

Evaluation Completed: / / /

Diagnosis:										Precautions:								
Treatment	Date:_	/	/	Date:	/	/	Date:	/	_/	Date:	/	/	Date:	_/	/	Date:	/	_/
	<u> </u>																	
Pt. Education Provided																		
Patient Understood Tx																		
Patient's Initials																		
Therapist Signature: Patient Signature:								Key: HEP = Home Exercise Program √ = Same as previous date										
Therapist Signature:									Г					√	= San	ne as pre	evious	date
Therapist Signature:								PT.										
SPEECH THERAPY																		
TREATMENT FLOW SHEET										MR.#/RM	1.							
M-17513-C Page 1 of 2 (11/13)						- 45	50											

ЗРЕЕСН ТНЕВАРҮ ТВЕАТМЕИТ FLOW SHEET FLINT, MICHIGAN McLaren Flint

Evaluation Completed: _/

			 		Pt. Education Provided
Date://			 Date://	Date://	
	Precautions:	-	 		Diagnosis:

 \mathbf{v} = Same as previous date Key: HEP = Home Exercise Program Therapist Signature:

Patient Signature:

Therapist Signature: _

Therapist Signature: _

Patient's Initials Patient Understood Tx

ТЭЭНЗ WOJA ТИЭМТАЭЯТ SPEECH THERAPY

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M-17513-C Page 2 of 2 (11/13)