COMMUNICATION PROSTHESIS PAYMENT REVIEW SUMMARY

1. PATIENT INFORMATION				5. COGNITIVE PREREQUISITES		
Name:				a. Attempts to communicate with	Yes	No
Street:				consistent response mode		
City:	State:	Zip:		b. Functional Yes/No		
Birthdate:				c. Understands communication will cause an action to occur:		
Health Ins #:				d. Understands symbols (pics, signs, etc.)		
Medical Diagnosis:				stand for verbal communication:		
Speech Diagnosis:				e. Prognosis to develop intelligible speech:		
				f. Demonstrates memory of verbal instruction:		
				g. Standardized test scores (if applicable):		
2. FACILITY INFORMATION				6. SELECTION OF DEVICE		
Facility:				a. Patient's current means of communication	n·	
Address:				a. I diletii 3 corretti mearis or commonicano		
City:				b. Other ACDs considered and rationale for elimination:		
State: Zip:						
Telephone:				c. Rationale for selection of specific ACD:		
Physician:				d. Indicators for success with recommended ACD:		
Specialty:						
Speech-Language Pathologist:						
3. DEVICE INFORMATION				7. PROGNOSIS		
Item Description:				a. Communication ability:		
Manufacturer:						
Distributer:				b. Independence within environments		
4. PHYSICAL STATUS	DED DOCIIM	ENITATION		2. macpenaence winiin environment	•	
	Adequate	<u>Inadequate</u>	<u>N/A</u>		_	
General Medical Status: Respiratory:	\vdash	\vdash	\vdash	c. Placement in least restrictive enviro	nment	:
Hearing:						
Vision: Head Control:	H	\vdash	H	d. Academic ability:		
Trunk Stability:						
Arm Movement: Ambulation:				e Vocational Training /retraining		
Seating/Positioning] [e. Vocational Training/retraining:		
(for ACD use): Ability to access ACD		Ц				
(switches, etc.) Summary:						