

# EVALUATION/RE-EVALUATION FORM INSTRUCTIONS

## *OUTPATIENT PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY PROGRAM*

### **Beneficiary and Provider Information**

**Patient Name:** Enter the beneficiary's first and last name as it appears on the Mississippi Medicaid ID card.

**Medicaid ID#:** Enter the beneficiary's Medicaid ID number

**Evaluation Date:** Enter the date that the beneficiary was seen in the office for evaluation for therapy needs.

**Reevaluation Date:** Enter the date that the beneficiary was seen in the office for a reevaluation for therapy needs.

### **Clinical Information**

**Medical Diagnosis:** Enter the beneficiary's primary and secondary diagnoses for this treatment including ICD-9-CM® codes.

**Therapy Diagnosis:** Enter the beneficiary's therapy diagnosis and ICD-9-CM® (if applicable).

**Date of Onset:** Record the date of onset of the beneficiary's condition that requires therapy evaluation.

**Recent Hospitalizations/Dates:** Enter the dates of any recent hospitalizations and the reason for admission.

**Pertinent Medical History:** Record any medical history that impacts or potentially impacts the need for therapy including mechanism of injury, diagnostic testing/imaging, medications, co-morbidities. Additionally include any complicating or precautionary information.

**Prior Therapy History:** Record any prior therapy that the beneficiary has received for the same diagnosis or condition. Include the type of therapy and response of the beneficiary to that therapy.

**Social History:** Record and identify the primary caregiver, the effects of the disability on the beneficiary and the family, architectural/safety considerations present in the living environment, caregiver's ability/inability to assist with therapy.

**Level of Function:** For the initial evaluation, record the functional level prior to the current treating condition. For the reevaluation, record the beneficiary's original functional level prior to institution of therapy and the current functional level.

### **Clinical Status/Impairments:**

- Motor Function: Level of motor skills and which motor skills can be performed
- Muscle Tone/Distribution: Describe the type of muscle tone and list involved areas
- Neuromotor Development: Ability to execute a motor skill and are compensatory movements used
- Reflex Integrity: Presence or absence of primitive and postural reflexes.
- Special/Standardized Tests Including Name, Scores/Results, and Date Administered: Peabody Developmental Motor Scales – 2; Locomotion Area: 7 mos. Age equivalent,

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standard score 8; Preschool Language Scale 3 (PLS-3), Goldman Fristoe Test of Articulation 2 (GFTA-2), Hearing test/screen.

- Cognitive Function: Level of awareness; ability to follow commands, memory skills that may interfere with learning and retaining new skills; visuospatial and perceptual skills; can include level of retardation.
- Sensation/Proprioception: Hypersensitivity to movement, lack of body awareness in space.
- Edema: Location, type and amount.
- Vision/Hearing: Can be observation; if testing is performed, include results.
- Posture: Body alignment in static stance.
- AROM: Specific joint measurements related to area being treated.
- PROM: Specific joint measurements related to area being treated.
- Strength: Specific measurement of muscle being addressed.
- Pain: 0-10 scale for adults and older children; FLACC scale for infants and those unable to communicate.
- Coordination: Can be manifested through awkward “clumsy” gait; fine motor difficulties with poor spatial perception and poor sequencing.
- Bed Mobility: Ability to change positions in bed; include amount of assistance required.
- Balance (Sitting and Standing) Level of support required to maintain static posture; document level of support required to maintain dynamic posture.
- Transfer Ability: Level of assistance required, and assistive device used.
- Ambulation (Level and Elevated Surfaces): Level of assistance required, and assistive device used.
- Gait Analysis: Gait abnormalities, including posture, stride length, stance time, heel-toe progression.
- Assistive/Adaptive Devices: Any assistive device used for mobility and used for positioning. For speech: utilization of communication board, sign language, laryngeal prosthetic or any other type of augmentative communication system.
- Activity Tolerance: Endurance for therapeutic activities.
- Presence of Wounds (Including Description and Incision Status): Stage of healing, location, size, and depth of wound.
- Assessment of Beneficiary’s ability to Perform ADL’s: Amount of assistance required, adaptive equipment or modifications required.
- Potential for Rehabilitation: Basis for potential.

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- Age Appropriate Information on all Children: Chronological age, age equivalency and corrected age (up to three (3) years of age).
- Other Significant Physical or Mental Disabilities/Deficiencies That May Affect Therapy:

**Impression/Interpretation of Findings:** Enter the overall assessment/observation for the beneficiary.

**Discharge Plan:** Enter the requirements that will be necessary to complete in order for the beneficiary to return to home, school and/or job.

#### **Attestation Statement**

**Therapist Attestation Statement:** Therapist must sign (including name and credentials) and date the form.