

Speech Therapy Screening

Date of Screening: _____

Patient Name: _____ Date of Birth: _____ Room #: _____

Facility: _____ Admit/Readmit Date: _____ DOB: _____

Physician: _____ Current Diet: _____

Prior Level of Function: _____

Reason for Screen: ___ Routine Staffing ___ New Admit/Readmit ___ Nursing/Family/Staff Referral
___ Incident Report ___ Restorative Programs ___ Other: _____

Prior Speech Therapy? ___ Yes ___ No Last D/C Date: _____ Level @ D/C from Therapy: _____

Functional Areas Screened

S=Screened D=Deficit

S D

___ ___ Speech intelligibility
___ ___ Vocal weakness
___ ___ Confrontational naming
___ ___ Automatic speech
___ ___ Answering questions
___ ___ Auditory comprehension
___ ___ Simple conversation
___ ___ Oral motor movements
___ ___ Swallowing

S D

___ ___ Memory/ recall
___ ___ Orientation
___ ___ Problem-solving/ Safety awareness
___ ___ Attention
___ ___ Repetition
___ ___ Following directions
___ ___ Complex conversation
___ ___ Weight Loss
___ ___ Dehydration

Problems/Declines Noted: _____

___ Speech/Language therapy evaluation **is** recommended

___ Speech/Language therapy evaluation **is not** recommended

Why Not?: _____

Therapist Signature/ Credentials

Date

Oral Motor Screening

- Protrude tongue Lateralize tongue to corners Lip pucker Say "AH" Smile
 "Puh, Puh..." "Tuh, Tuh..." "Kuh, kuh..." "Puh, tuh, kuh..."

Dysphagia Screening

Administer 1 teaspoon (5cc) amounts of thin liquid and pureed consistencies; ¼ of a cracker or cookie as appropriate and observe for the following:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Breathing difficulties...	<input type="checkbox"/>	<input type="checkbox"/>	Poor awareness & control of secretions	<input type="checkbox"/>	<input type="checkbox"/>
Pocketing of material/residue...	<input type="checkbox"/>	<input type="checkbox"/>	Reduced laryngeal elevation...	<input type="checkbox"/>	<input type="checkbox"/>
Coughing before, during, and/or after...	<input type="checkbox"/>	<input type="checkbox"/>	Significant fatigue...	<input type="checkbox"/>	<input type="checkbox"/>
Increased oral or laryngeal secretions...	<input type="checkbox"/>	<input type="checkbox"/>	Throat clearing...	<input type="checkbox"/>	<input type="checkbox"/>
Multiple swallow per bolus (piecemeal deglutition)	<input type="checkbox"/>	<input type="checkbox"/>	Vocal quality changes (wet, gurgly)...	<input type="checkbox"/>	<input type="checkbox"/>

Cognition & Language Screening:

Orientation to Time & Place

- Date DOW Month Year Season of the year Place/ Facility Room City State County

Converational Speech

- Tell me what kind of work you have done in the past

Immediate Recall (Say all 3 words slowly & clearly – then as client to repeat them)

- ball flag tree

Attention (Ask client to begin with 100 and count backwards by 7. Stop after 5 subtractions.)

- 93 86 79 72 65

Spell "WORLD" backwards

- D L R O W

Delayed Verbal Recall (Ask client to recall the 3 words from earlier)

- ball flag tree

Confrontational Naming (Present object and ask "What is this called?")

- Pen Hand Pillow Door Ceiling

Automatic Speech

- Count to ten Tell me the days of the week

Sentence Completion ("Finish these sentences for me.")

- Three strikes and you're... I pledge allegiance to the... The phone is off the...
 As you leave, close the ... For fresh air, you raise the...

Repetition ("Repeat these words.")

- book home spice scarecrow tornado administration under the old wooden bridge
 The silver moon hung in the dark sky

Yes/No Questions ("I'm going to ask some questions, just tell me yes or no")

- Is your name Johnson? Is your name _____? Do you live in Rhode Island?
 Am I touching my eye (touch nose)? Do you wear a glove on your foot? Is a chicken bigger tan a spider?
 Do you put your shoe on before your sock?

Following Directions

- Point to your nose Open your mouth With your left hand point to your right eye
 Point to the floor, then point to your nose Before opening your mouth, touch your ear