



Facility ID

This questionnaire is a scannable form. Please follow the instructions closely. For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example.

Example:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|

1. Clinician ID

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2. Patient/Medicare ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

3. Age at Admission

| | | |
|--|--|--|
| | | |
|--|--|--|

4. Admission Date

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

Please mark your response with an "X" using a black pen as in the example

Example: Choice A

5. Medical Diagnosis/es (Select all that apply)

Primary Secondary

- Neoplasm Lip/Pharynx (140.00 - 149.99)
- Other Neoplasm (150.00 - 160.99 & 162.00 - 239.99)
- Neoplasm Larynx (161.00 - 161.99)
- Mental Disorders (290.00 - 319.00)
- Anoxia (348.10)
- Encephalopathy (348.30)
- CNS Diseases (320.00 - 348.00 & 348.40 - 359.90)
- Cerebrovascular Disease (430.00 - 432.99 & 436.00 - 438.99)
 - Left Right Bilateral Unknown
- Occlusion/TIA (433.00 - 435.90)
- Respiratory Diseases (460.00 - 519.99)
- Hemorrhage/Injury (852.00 - 852.99)
- Head Injury (854.00 - 854.99)
- Other

6. Onset of Primary Medical Diagnosis

| | | | | | | | |
|-------|--|---|------|--|--|--|----------------------------------|
| | | / | | | | | <input type="checkbox"/> Unknown |
| Month | | | Year | | | | |

7. Gender

- Male Female

8. Race/Ethnicity

(Select one or more as applicable)

- American Indian or Alaska Indian
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

9. SLP Diagnosis

(Select all that apply)

- Aphasia (784.3)
- Apraxia (784.69)
- Cognitive-Communication Disorder (438.0 - 438.10)
- Dysarthria (784.5)
- Dysphagia (787.2)
- Fluency Disorder (307.0)
- Voice Disorder (784.4 - 784.49)
- Other



10. Current Treatment Setting

- Acute Hospital
- Inpatient Rehab
- Subacute
- Skilled Nursing
- Home Health
- Outpatient Rehab
- Comprehensive Outpatient Rehab
- Day Treatment
- Assisted Living
- Office-Based
- Other

11. Setting Previous to Current Admission

- Acute Hospital
- Inpatient Rehab
- Subacute
- Skilled Nursing
- Home
- Assisted Living
- Unknown
- Other

12. Did the Patient Receive SLP Services in the Previous Setting?

- Yes
- No
- Unknown

13. Funding Source at Admission

- Medicare - Part A
- Medicare - Part B
- Medicare - Part C/Advantage
- Medicaid (Fee-for-service)
- Medicaid (Managed Care)
- Veteran's Administration
- Commerical Fee-for Service Insurance
- Managed Care Plan (HMO, PPO, IPA)
- Self-Pay
- Unknown

14. Functional Communication Measures

Score only those that apply to the patient's treatment plan

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Alaryngeal Communication (AL) | <input type="checkbox"/> |
| Alaryngeal Communication (TEP) | <input type="checkbox"/> |
| Alaryngeal Communication (ES) | <input type="checkbox"/> |
| Attention | <input type="checkbox"/> |
| Augmentative-Alternative Communication... | <input type="checkbox"/> |
| Fluency | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> |
| Motor Speech | <input type="checkbox"/> |
| Pragmatics | <input type="checkbox"/> |
| Problem Solving | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> |
| Spoken Language Comprehension..... | <input type="checkbox"/> |
| Spoken Language Expression | <input type="checkbox"/> |
| Swallowing | <input type="checkbox"/> |
| Voice | <input type="checkbox"/> |
| Voice Following Tracheostomy | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> |





NOMS: Adults in Health Care DISCHARGE FORM

Facility ID

This questionnaire is a scannable form. Please follow the instructions closely. For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example.

Example:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|

1. Clinician ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

2. Patient/Medicare ID

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

3. Discharge Date

| | | | | | | | |
|-------|--|-----|--|------|--|--|--|
| | | | | | | | |
| Month | | Day | | Year | | | |

Please mark your response with an "X" using a black pen as in the example

Example: Choice A

4. Were the Treatment Goals for this Level of Care Met?

- No
- Yes (If Yes, Skip directly to Question 6)

5. Primary Reason for Discharge From SLP Services

- Patient Progress Plateaued
- Discharge From Facility
- Change in Medical Condition
- Insurance Declined Coverage
- Insurance Benefits Exhausted
- Discharge Due to PPS
- Other

6. Are Continued SLP Services Recommended upon Discharge?

- Yes
- No

7. Funding Source at Discharge

- | | |
|--|---|
| <input type="checkbox"/> Medicare - Part A | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Medicare - Part B | <input type="checkbox"/> Commercial Fee-for-Service Insurance |
| <input type="checkbox"/> Medicare - Part C/Advantage | <input type="checkbox"/> Managed Care Plan (HMO, PPO, IPA) |
| <input type="checkbox"/> Medicaid (Fee-for-service) | <input type="checkbox"/> Self-Pay |
| <input type="checkbox"/> Medicaid (Managed Care) | <input type="checkbox"/> Unknown |

8. Patient Setting Subsequent to Discharge

- Acute Hospital
- Inpatient Rehab
- Subacute
- Skilled Nursing
- Home
- Assisted Living
- Unknown
- Other

9. Average Number of Sessions per Week

- Less than One
- One
- Two
- Three
- Four
- Five
- More than Five

10. Length of Typical Session

- 15 minutes or less
- 16 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- More than 60 minutes



11. Total Number of 15-Minute SLP Treatment Units

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

12. Total Number of 15-Minute SLP Evaluation Units

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

13. Functional Communication Measures. Score only the FCMs that were included at admission or added on the Add/Close FCM form that have not already been closed. Indicate the percentage of treatment time spent on each FCM. The percentages across all FCMs and Other Category must total 100%.

| | Level | % Tx Time | Predominant Service Delivery Model | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|------------------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | Ind | Grp | T/C |
| Alaryngeal Communication (AL)..... | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alaryngeal Communication (TEP)..... | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alaryngeal Communication (ES) | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attention | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Augmentative-Alternative Communication.. | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluency | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Speech | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pragmatics | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spoken Language Comprehension..... | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spoken Language Expression | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swallowing | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Voice | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Voice Following Tracheostomy..... | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other <input style="width: 200px;" type="text"/> | | | | | | | | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Must Equal 100%

14. Is English the Primary Language of this Patient?

- Yes (If Yes, Please **STOP**)
- No (If No, Please Continue)

15. What Language(s) was/were Used in Treatment?

- English Only
- Primary Language Only
- English and Primary Language
- Third Language

16. Who Assisted the SLP in Communicating with this Patient?

- No Assistance
- Family Member as Translator
- Other Translator
- Other

