

Speech Therapy Record

Resident Name:	Room #	Physician:	Medical Rec. #
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Year: ____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUNE																															
JULY																															
AUG																															
SEPT																															
OCT																															
NOV																															
DEC																															

- KEY:**
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|---------------------|---|
| # - Treatment Time | D/C - Discharged |
| E - Evaluation Time | D/H - Discharged to Hospital, Home, Other |
| S - Sick | TM - Transferred to Maintenance Program |
| R - Refused | U - Unavailable |
| H - Holiday | TR - Transferred to Restorative Program |
| C - Cancelled | |