



PROGRESS NOTE

Client #	CLIENT NAME	UNIT	DATE OF SERVICE	STAFF NAME
[REDACTED]	Iyaha [REDACTED]	4000	12.4.2012	A. [REDACTED]

SERVICE RECORD

Server ID	Coll Serv Y/N	Coll ID	Length of Svc hr:min	Subunit	Service Code	Start Time	Stop Time	Prov to	Prov at	Cont. Type	Appt. Type	Bill. Type	Int. Type	# of Partic
691	-	-	-	4055	4016	4:30p	4:35p	F	7	F	11	N	N	
691	-	-	-	4055	4014	4:35p	5:05p	F	2	F	2	N	N	
	-	-	-					F				N	N	
	-	-	-					F				N	N	

SERVICE ACTIVITY:
 Developmental Services Occupational Therapy Physical Therapy Speech Therapy Nutrition Services
 Family Education and Training Psychological Behavioral Services Service Coordination

Place of Service: Office Home Day Care () Other ()
 Participants: Care Giver Child Other ()

Since our last visit: Initial speech visit

Child Goals: To drink his bottle without choking or gagging

Activities worked on today to be used in your family's daily activities:
 Iyaha was ready to eat when this therapist arrived. He ate 1/2 ounces before trying to sleep. His foster aunt, Betty stated that he isn't looking very often but he will continue to choke once he starts to go to sleep. Iyaha, choked once during his feeding but produced a functional cough. Demonstrated massage with wet cloth down all his lips to awaken his muscles to continue with a rhythmic cough. Demonstrated massage down the cheek to strengthen his cheek muscle and massage against the cheek pads from the inside to strengthen his cheeks. Aunt and Mrs. Fosterman demonstrated the technique and stated understanding. Perform the exercises 3 times each for 5 cycles at least 4-6 times each day. Remember to start and finish on his left side.

Service Coordination:
 Family Concerns
 Child Needs
 Scheduling/accessing services

Our next appointment will be: 12/7/12 at 11:00am

Staff Signature: [Handwritten Signature]

Parent Signature: _____