

STUTTERING (0722) (101622)

Category: TEMPLATES TO RELEASE

Scheduled appt type: _____

CC Stuttering

Age of onset (noted early developmental period?): Speech disturbance seems inappropriate for the child's age and language skills: Characterized by one or more of (Y/N): 1. Sound/syllable repetitions 2. Sound prolongations (consonant or vowel) 3. Broken words (e.g. pauses within a word) 4. Audible or silent blocking (filled or unfilled pauses in speech) 5. Circumlocutions (word substitutions) 6. Words pronounced with an excess of physical tension 7. Monosyllabic whole-word repetitions (e.g. "I-I-I-I see him")

HPI

Noted to cause anxiety about speaking (Y/N): Noted to cause limitations in effective communication, social participation, or academic or occupational performance (Y/N): Extent varies situationally, frequently more severe when there is special pressure to communicate (Y/N): No additional speech-motor or sensory deficit, or dysfluency associated with a neurological insult such as stroke, tumor, or trauma Family History of stuttering (Y/N)? Current medications:

freeform

ROS _____

Structured ROS

Denies: fine motor difficulties	_____
Denies: change in short term memory	_____
Denies: change in gait or coordination	_____
Denies: tics	_____
Denies: change in hearing	_____
Denies: Teacher concerns	_____
Denies: feeling scared or anxious	_____

Structured exam

NL: tics or vocalizations	_____
Pert: speech rate, volume, articulation and coherence	_____
NL: age appropriate social/language interaction	_____
NL: age appropriate gait & coordination on observation	_____
NL: auscultation of heart: regular rate & rhythm, no murmur	_____
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	_____

NL: activity level: responsive & interested in environment	<input type="checkbox"/>
NL: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>

Remaining template documentation elements

Counseling:	<input type="checkbox"/>
Coordination of Care:	<input type="checkbox"/>
Diagnosis:	Childhood onset fluency disorder(F80.81)
Assessment:	Childhood-onset Fluency Disorder (stuttering), consistent with the DSM5 criteria. Tic disorder, autism, Tourette's, anxiety disorders, and ADHD also considered in differential diagnosis.
Plan:	Discussed stuttering, potential development of associated anxiety concerns, impairment of social functioning, or attempted avoidance of situations that are more likely to cause the dysfluency. Reviewed normal age-related speech dysfluencies such as incomplete phrases, unfilled pauses, or phrase repetitions. Reviewed that the onset is typically gradual, progressing to more frequent dysfluencies. Majority of affected children recover, with the severity of the fluency disorder at 8 years old often predictive of recovery or persistence into adolescence and beyond. Reviewed recommended treatment options including formal speech therapy evaluation and treatment, providing a relaxed and calm home environment with many opportunities for the child to speak, attentive parental listening with minimal interruptions, encouraging speaking in a slightly slowed and relaxed manner, reinforce to your child, if he/she asks, that it is ok for some disruptions to occur. Discussed

	that there is no medication approved to treat stuttering. Follow up, in 3 months or as needed.
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
