**NOME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DURAÇÃO DE CADA SESSÃO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FREQUÊNCIA DAS SESSÕES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MÉDICO RESPONSÁVEL PELO ENCAMINHAMENTO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIAGNÓSTICO INICIAL (INCLUIR CID-10):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EVOLUÇÃO CLÍNICA:**

(ASPECTOS FONOAUDIOLÓGICOS AVALIADOS E INSTRUMENTOS UTILIZADOS, RELATANDO A EVOLUÇÃO CLÍNICA NO PERÍODO)

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**PROGNÓSTICO:**

(JUSTIFICATIVA PARA PRORROGAÇÃO DO TRATAMENTO OU PREVISÃO DE ALTA FONOAUDIOLÓGICA)

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**ASSINATURA E CARIMBO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_