Patient Progress and Evaluation Report

Name: **Patient ID:** **Date:** 16-May-11 **Test:**

Age: Diagnosis:
Gender: Requesting Phys:
Height: Feet: Referred Phys:
Inch Physician:
Cm Test Date:
Weight: lb Time:
Kg

NIH MOTOR PERFORMANCE LABORATORY

NATIONAL INSTITUTES OF HEATLH
9000 Rockville Pike
Building 10, Room 2-1339
Bethesday, MD 20892

Indication: Units:

( ) **Verify Diagnosis** ( ) **Research**
( ) **Disability Evaluation** (X) **Evaluate Response to Therapy**

Patient may not understand instructions, testing results may be invalid.

Strength	Today's Visit	Date of Last Visit	Today's Visit % Predict	Last Visit % Predict	Change in % Predict	Predicted Strength 95% Confidence Interval Low Deviant / Normal Mean / High Deviant
Tongue						
Total Tongue Strength						

Interpretation:

Evaluator:

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QMA SYSTEM DATA