



PHYSICAL THERAPY SUMMARY

DATE _____ **FACILITY NAME** _____

PATIENT LAST NAME _____ **FIRST NAME** _____

	IND	MI	SPV	SBA	CGA	MIN	MOD	MAX	DEP
Rolling	_____	_____	_____	_____	_____	_____	_____	_____	_____
Scotting	_____	_____	_____	_____	_____	_____	_____	_____	_____
Supine-Sit	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sit-Supine	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sit-Stand	_____	_____	_____	_____	_____	_____	_____	_____	_____
Stand-Sit	_____	_____	_____	_____	_____	_____	_____	_____	_____
Bed-WC	_____	_____	_____	_____	_____	_____	_____	_____	_____
WC-Bed	_____	_____	_____	_____	_____	_____	_____	_____	_____
Ambulation	_____	_____	_____	_____	_____	_____	_____	_____	_____
Stairs	_____	_____	_____	_____	_____	_____	_____	_____	_____

Ambulation Distance _____ Ambulation Device _____

Limited WB Status NWB _____ TTWB _____ TDWB _____ WB % _____ WBAT _____

Level of participation (circle one) POOR FAIR GOOD HIGHLY MOTIVATED

HAS THE PATIENT REACHED A PLATEAU? _____

IF THERE HAS BEEN A DECLINE OR PLATEAU (CIRCLE ONE), WHAT IS THE REASON? _____

ANTICIPATED THERAPY DISCHARGE DATE: _____

HAS FAMILY EDUCATION OCCURRED FOR AMBULATION AND TRANSFERS? _____

Therapist

Date



OCCUPATIONAL THERAPY SUMMARY

DATE _____ FACILITY NAME _____

PATIENT LAST NAME _____ FIRST NAME _____

	IND	MI	SPV	SBA	CGA	MIN	MOD	MAX	DEP
Eating	_____	_____	_____	_____	_____	_____	_____	_____	_____
Grooming	_____	_____	_____	_____	_____	_____	_____	_____	_____
Hygiene	_____	_____	_____	_____	_____	_____	_____	_____	_____
UB Dressing	_____	_____	_____	_____	_____	_____	_____	_____	_____
LB Dressing	_____	_____	_____	_____	_____	_____	_____	_____	_____
UB Bathing	_____	_____	_____	_____	_____	_____	_____	_____	_____
LB Bathing	_____	_____	_____	_____	_____	_____	_____	_____	_____
Toileting	_____	_____	_____	_____	_____	_____	_____	_____	_____
Toilet Transfer	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tub Transfer	_____	_____	_____	_____	_____	_____	_____	_____	_____

Activity Tolerance _____ Endurance _____

Level of participation (circle one) POOR FAIR GOOD HIGHLY MOTIVATED

HAS THE PATIENT REACHED A PLATEAU? _____

IF THERE HAS BEEN A DECLINE OR PLATEAU, WHAT IS THE REASON? _____

ANTICIPATED THERAPY DISCHARGE DATE: _____

HAS FAMILY EDUCATION OCCURRED FOR ADL'S THAT REQUIRE ASSIST? _____

Therapist

Date



SPEECH THERAPY SUMMARY

DATE _____ FACILITY NAME _____

PATIENT LAST NAME _____ FIRST NAME _____

	IND	MILD	MILD/ MOD	MOD	MOD/ SEV	SEVERE	PROFOUND
Verbal Exp	_____	_____	_____	_____	_____	_____	_____
Mem/Recall	_____	_____	_____	_____	_____	_____	_____
Auditory Comp	_____	_____	_____	_____	_____	_____	_____
Reading Comp	_____	_____	_____	_____	_____	_____	_____
Reasoning	_____	_____	_____	_____	_____	_____	_____
Orientation	_____	_____	_____	_____	_____	_____	_____
Attention	_____	_____	_____	_____	_____	_____	_____
Problem Solv	_____	_____	_____	_____	_____	_____	_____
Speech Prod	_____	_____	_____	_____	_____	_____	_____
Swallowing	_____	_____	_____	_____	_____	_____	_____

Diet Consistency _____ Liquids Consistency _____

Level of participation (circle one) POOR FAIR GOOD HIGHLY MOTIVATED

HAS THE PATIENT REACHED A PLATEAU? _____

IF THERE HAS BEEN A DECLINE OR PLATEAU, WHAT IS THE REASON? _____

ANTICIPATED THERAPY DISCHARGE DATE: _____

HAS FAMILY EDUCATION OCCURRED FOR SWALLOWING/ COGNITIVE ISSUES?

Therapist

Date



NURSING AND WOUND SUMMARY

PLEASE COMPLETE WITH EACH REVIEW

ADMIT DATE: _____

DATE _____

FACILITY NAME _____

LAST NAME _____

FIRST NAME _____

MBR # _____

NO MEDICAL NEEDS IDENTIFIED THIS REVIEW - - IF NO, PLEASE PROCEED TO DISCHARGE PLAN

TRACH Care _____ PEG Feedings _____

Ostomy Care _____ TPN _____

Injections _____ Other _____

IV MED/ABX DOSAGE FREQUENCY IV ACCESS

WD LOCATION SIZE STAGE TREATMENT FREQUENCY

DISCHARGE PLAN _____

Nurse

Date