



THErapy DISCHARGE SUMMARY

PATIENT LAST NAME FIRST NAME PATIENT #

TYPE OF DISCHARGE: COMPLETE PARTIAL - STILL RECEIVING SERVICES OF: PT ST OT HHA SN

ADM DATE DISCH DATE DR

DIAGNOSIS (PRIMARY) ADDRESS

CITY, ST ZIP

VISITS RENDERED BY: RN HHA PT OT ST MSW

REASON FOR DISCHARGE: GOALS MET MOVED OUT OF AREA OTHER
 HOSPITALIZATION PATIENT EXPIRED
 SKILLED NURSING FACILITY CARE REFUSED
 TRANSFER TO ANOTHER AGENCY SKILLED CARE NO LONGER NEEDED

DISPOSITION SELF CARE NH ACLF FAMILY CARE OTHER

CONDITION IMPROVED STABLE UNSTABLE DECEASED REGRESSED

DEPENDENCY DEPENDENT INDEPENDENT REQUIRES SUPERVISION/ASSIST

EXERCISES PASSIVE ACTIVE ACTIVE ASSISTIVE RESISTIVE

PERFORMED WITH: R.U.E. R.L.E. L.U.E. L.L.E. TRUNK NECK

TRANSFER HOYER LIFT CRUTCHES WALKER

ACTIVITIES: W/C CANE QUAD CANE OTHER

GAIT TRAINING: N.W.B. P.W.B. F.W.B.

EVEN SURFACES STAIRS UNEVEN SURFACES

ASSISTANCE REQUIRED: MAXIMUM MINIMUM MODERATE GUARDING OTHER

DISTANCE AMBULATED: 20 ft. 40 ft. 60 ft. 80 ft. 100 ft. 120 ft.

INSTRUCTED ON HOME PROGRAM: PATIENT SIGNIFICANT OTHER FAMILY

NARRATIVE:

SUMMATION OF SERVICES RENDERED AND GOALS ACHIEVED

Physical Therapy

- PATIENT HAS ACHIEVED ANTICIPATED GOALS
- PATIENT IS SAFELY INDEPENDENT WITHIN DISEASE LIMITATIONS
- ABSENCE OF PAIN
- FREE OF CONTRACTURES
- RANGE OF MOTION OF ALL JOINTS IS WITHIN NORMAL RANGE
- DEMONSTRATES RANGE OF MOTION EXERCISES
- DEMONSTRATES MUSCLE STRENGTHENING EXERCISES
- DEMONSTRATES TURNING AND POSITIONING SCHEDULE
- AMBULATES SAFELY WITH ASSISTIVE DEVICE
- AMBULATES SAFELY WITHOUT ASSISTIVE DEVICE

Speech Therapy

- PATIENT HAS REACHED ALL REALISTIC ACHIEVABLE GOALS
- PATIENT HAS ATTAINED MAXIMUM BENEFIT FROM THERAPEUTIC PROGRAM
- VERBAL AND SENTENCE FORMULATION AND COMPREHENSION IMPROVED TO MAXIMUM ATTAINMENT WITHIN DISEASE LIMITATIONS

- DEMONSTRATES TRANSFER TECHNIQUE AND USE OF SPECIAL DEVICES
- DEMONSTRATES ABILITY TO DO SPECIAL TREATMENTS
- HEALED INCISION
- DEMONSTRATES STUMP WRAPPING AND HYGIENE
- DEMONSTRATES TECHNIQUE TO CARE FOR AND PROTECT FUNCTIONING EXTREMITY
- DESCRIBES PHANTOM LIMB SENSATION
- PATIENT DEMONSTRATES STABILIZATION OF AMBULATION

Occupational Therapy

- PATIENT HAS REACHED ALL REALISTIC ACHIEVABLE GOALS
- DEMONSTRATES KNOWLEDGE OF OPERATION & CARE OF ADAPTIVE EQUIPMENT
- DEMONSTRATES ENERGY CONSERVATION/WORK SIMPLIFICATION TECHNIQUES
- DEMONSTRATIONS COMPENSATORY & SAFETY TECHNIQUES

PATIENT/S.O. RESPONSE AND ADHERENCE TO TEACHING: GOOD FAIR POOR

THERAPY GOALS MET: YES NO IF NO, EXPLAIN

PATIENT/S.O. GOALS MET: YES NO IF NO, EXPLAIN

COMMENTS:

PATIENTS/S.O. INSTRUCTED ON IMPORTANCE OF ADHERENCE OF EXERCISE PROGRAM, M.D. FOLLOW-UP AND NOTIFY M.D. IF COMPLICATIONS OCCUR. M.D. NOTIFIED OF DISCHARGE

THERAPIST SIGNATURE DATE

White: Medical Records Yellow: Physician