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| Medicare Meeting Documentation | Admission Date: |
| Resident Name: | MRN: |

## General Information

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| Date: \_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Today is day #\_\_\_\_\_\_\_ since admission, day #\_\_\_\_\_\_\_\_ of the benefit period  ARD is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a:   *Date scheduled*  Current RUGS score: \_\_\_\_\_\_\_\_\_\_\_\_ LCD: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **** | **Therapy** |  |  | **Nursing** |
|  | Physical  Therapy |  |  |  |
|  | Occupational  Therapy |  |  |  |
|  | Speech  Therapy |  |  |  |

## Discharge Plan/Long Term Goals

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| Previous LoF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discharge Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discharge Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Nursing: *Skilled services* |

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