

Blatt 2 zur Reha-Nachsorge-Dokumentation

Patientin / Patient (Name, Vorname)	Geburtsdatum <div style="display: flex; justify-content: space-between;"> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border-bottom: 1px solid black;"></div> </div>
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Therapeutische Leistungen

		KTL - Code	Dauer	Anzahl
1.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
2.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
3.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
4.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
5.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
6.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
7.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
8.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
9.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
10.		<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>

Kodierung der Dauer der therapeutischen Leistung in Minuten

A = 5 Min. C = 15 Min. E = 25 Min. G = 35 Min. I = 45 Min. L = 60 Min. N = 90 Min. Q = 120 Min. S = 180 Min. U = 300 Min.
 B = 10 Min. D = 20 Min. F = 30 Min. H = 40 Min. K = 50 Min. M = 75 Min. P = 100 Min. R = 150 Min. T = 240 Min. Z = individuell

Besonderheiten im Verlauf:

Vorschläge für nachfolgende Maßnahmen Zutreffendes bitte ankreuzen (X), Mehrfachnennungen sind möglich

<p>Weiterbehandelnde Ärzte / Psychologen</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Diagnostische Klärung</div> <div style="width: 50%;"><input type="checkbox"/> Kontrolle Labor / Medikamente</div> <div style="width: 50%;"><input type="checkbox"/> Stationäre Behandlung/ OP</div> <div style="width: 50%;"><input type="checkbox"/> Suchtberatung</div> <div style="width: 50%;"><input type="checkbox"/> Psych. Beratung / Psychotherapie</div> <div style="width: 50%;"><input type="checkbox"/> Heil- und Hilfsmittel inclusive Physiotherapie und Ergotherapie</div> </div> <p>Erläuterungen:</p> <div style="height: 40px; border: 1px solid black;"></div>	<p>Patienten</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Übungen selbständ. fortsetzen</div> <div style="width: 50%;"><input type="checkbox"/> Sport und Bewegung</div> <div style="width: 50%;"><input type="checkbox"/> Gewichtsreduktion</div> <div style="width: 50%;"><input type="checkbox"/> Nikotinkarenz</div> <div style="width: 50%;"><input type="checkbox"/> Alkoholkarenz</div> <div style="width: 50%;"><input type="checkbox"/> Selbsthilfegruppe</div> </div>
<p>Letzte Medikation:</p> <div style="height: 40px; border: 1px solid black;"></div>	

Ort, Datum

Unterschrift und Stempel der Ärztin / des Arztes