☐ PT ☐ OT

DISCHARGE SUMMARY

PATIENT INFORMATION

PATIENT NAME _____ MR# _____

DIAGNOSIS

REASON FOR DISCHARGE

- ☐ NO FURTHER HOME CARE NEEDED
- ☐ ADMISSION TO HOSPITAL
- ☐ ADMISSION TO SNF/ICF
- ☐ PT/PCG ASSUMED RESPONSIBILITY
- ☐ PT MOVED OUT OF SERVICE AREA
- ☐ LACK OF PROGRESS
- ☐ PT REFUSES SERVICES
- ☐ TRANSFER TO OTHER HHA
- ☐ TRANSFER TO OP REHAB
- ☐ DEATH
- ☐ LACK OF FUNDS
- ☐ TRANSFER TO HOSPICE
- ☐ TRANSFER TO PERSONAL CARE AGENCY
- ☐ MD REQUEST
- ☐ OTHER:

OVERALL STATUS OF PATIENT AT DISCHARGE

PHYSICAL/EMOTIONAL/MENTAL

- ☐ ORIENTED
- ☐ FORGETFUL
- ☐ DEPRESSED
- ☐ OTHER: _____

FUNCTIONAL

ADL'S
- ☐ IND
- ☐ SUP
- ☐ ASST.
- ☐ DEP

MOBILE
- ☐ IND
- ☐ SUP
- ☐ ASST.
- ☐ DEP

ASSISTIVE DEVICES

- ☐ WHEELCHAIR
- ☐ WALKER
- ☐ CRUTCHES
- ☐ CANE
- ☐ OTHER: _____

PROBLEMS IDENTIFIED

1. _____
2. _____
3. _____
4. _____
5. _____

STATUS OF PROBLEMS AT DISCHARGE

1. _____
2. _____
3. _____
4. _____
5. _____

SUMMARY OF CARE PROVIDED

TREATMENT GOALS ATTAINED? YES ☐ NO ☐ PARTIALLY

DISCHARGE PLAN

DISCHARGE PLAN

- ☐ HOME WITH MD SUPERVISION
- ☐ HHA
- ☐ OTHER: _____

NOTIFICATION OF DISCHARGE

- ☐ TC TO MD
  DATE: _____
- ☐ TC TO PT/FM/CG
  DATE: _____

PHYSICIAN NAME _____

THERAPIST NAME _____ TITLE _____ SIGNATURE _____ DATE _____