**DISCHARGE & MOTIVATION FOR OUTPATIENT THERAPY REPORT**

|  |  |
| --- | --- |
| **Report Date:** |  |
| **Patient Name:** |  |
| **Funder name:** |  |
| **Membership number:** |  |
| **Authorisation Number:** |  |
| **Diagnosis:** |  |
| **ICD 10 code/s:** |  |
| **Date of admission:** |  |
| **Date of incident:** |  |
| **Attending Physician:** |  |
| **Therapy Practice:** |  |
|  |  |
|  |  |
|  |  |
| **Social Work Practice**: |  |
| **Psychology Practice:** |  |
| **Dietician Practice:** |  |

**DISCHARGE DATE:**

# BACKGROUND HISTORY:

# MEDICAL STATUS:

# SKIN:

# BLADDER AND BOWEL:

# DISCHARGE MEDICATION:

# MEDICAL FOLLOW UP:

|  |  |  |
| --- | --- | --- |
| **Beta Score** | **Admission** | **Discharge** |
| Date |  |  |
| Eating |  |  |
| Grooming |  |  |
| Bathing |  |  |
| Dressing – Upper |  |  |
| Dressing – Lower |  |  |
| Toileting |  |  |
| Bladder |  |  |
| Bowel |  |  |
| TRF Bed/Chair/WC |  |  |
| TRF Toilet |  |  |
| TRF Bath/Shower |  |  |
| Walk / WC |  |  |
| Stairs |  |  |
| **Motor /91** |  |  |
| Comprehension |  |  |
| Expression |  |  |
| Social interaction |  |  |
| Problem Solving |  |  |
| Memory |  |  |
| **Cognitive /35** |  |  |
| **Total /126** |  |  |

|  |  |  |
| --- | --- | --- |
| **FAM SCALE** | **Admission** | **Discharge** |
| Date |  |  |
| Swallowing |  |  |
| Car Transfer |  |  |
| Community Mobility |  |  |
| **Motor Total /21** |  |  |
| Reading |  |  |
| Writing |  |  |
| Speech Intelligibility |  |  |
| Emotional Status |  |  |
| Adjustment to Limitations |  |  |
| Leisure Activities |  |  |
| Orientation |  |  |
| Concentration |  |  |
| Safety Awareness |  |  |
| **Cognitive / psychosocial / 63** |  |  |
| **Total /84** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REHABILITATION OUTCOME** | | | |
|  | | | |
| **Summary of Environmental &**  **Contextual Factors** | **Assistive Devices, Technology &**  **Home Adaptations** | **Education & Training completed** | **Psychosocial Summary &**  **Recommendations** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **GOALS ADDRESSED DURING INPATIENT EPISODE** | | | |
| * Cognition/perception/vision * Communication | | | |

* Self-care
* Mobility
* Leisure
* Psychological well being
* Patient and caregiver education and training

|  |
| --- |
|  |
| **ADDITIONAL INFORMATION REGARDING LEVEL OF FUNCTION ON DISCHARGE** |
| Mobility:  Strength: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ROM:  Upper limb: | | | | |
|  | **Aspect assessed** | **Admission** | **Discharge** |  |
| **Upper extremity** |  |  |
| **Wrist** |  |  |
| **Hand** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Co-ordination/Speed** |  |  |  | |
|  | **Sensation** |  |  |
|  | **Passive joint motion** |  |  |
|  | **Joint pain** |  |  |
| Cognition:  Self-care:  Communication:  Swallowing: | | | | | |
| **REFERRALS** | | | | | **TREATING CLINICIANS** |

|  |  |
| --- | --- |
| **Psychologist**  **Dietician** | **Rehab Programme Manager**  **Physiotherapist:**  **Occupational Therapist:**  **Speech Therapist:**  **Social Worker:** |

|  |
| --- |
| **THERAPEUTIC FOLLOW-UP** |
| Ongoing outpatient rehabilitation is recommended for … in order to focus on;  **Physiotherapy**  **Occupational Therapy**  **Speech Therapy** |

|  |  |  |
| --- | --- | --- |
| **OUTPATIENT THERAPY PRACTICE DETAILS (PLEASE CONTACT TO MAKE AN APPOINTMENT)** | | |
| **Physiotherapy** |  |  |
| **Occupational Therapy** |  |  |
| **Speech Therapy** |  |  |