

Therapist Signature & Title			
Goal:			
Care Plan: Problem:			
Plan For Next Visit: Discharge Planning:			
Order Changes: Physical Contacted Re:			
Date/Time			
Date			
Time Out			
Time In			

Confereced With: SN PT OT SLP MSS HHA (circle one) Name: _____

Regrading: _____

MEASURABLE PROGRESS TO GOALS

Additional Instructions given during visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____			
Report changes in patient status? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient satisfied with care? <input type="checkbox"/> Yes <input type="checkbox"/> No Changes made to <input type="checkbox"/> Care Plan / <input type="checkbox"/> Plan of Care <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient satisfaction? <input type="checkbox"/> Yes <input type="checkbox"/> No Following Care Plan / <input type="checkbox"/> Plan of Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Outcomes and Polite? <input type="checkbox"/> Yes <input type="checkbox"/> No			
THERAPY/AIDE SUPERVISION (optional)			
Medical Equipment/Adaptive Devices/Supplies used this visit Home Therapy Program established? <input type="checkbox"/> No <input type="checkbox"/> Yes Participation and follow through between visits is: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other _____			
Title of Teaching Tool used: <input type="checkbox"/> Pkg. Verbalized Understanding <input type="checkbox"/> Pkg. Return Demonstration Given to: <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Both			

PATIENT RESPONSE TO TEACHING

TEACHING

INTERVENTIONS

Fall Precautions Maintained																																							
Medication change since last visit? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, reason) _____																																							
Homebound? <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify _____																																							
Comments																																							
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