

**Subjective**

Date of Service:

\_\_\_\_\_ ☐ Late Entry

Subjective

Review of Systems

**Medications/Vitals**

Medications:

Temperature

° F: \_\_\_\_\_ Site: \_\_\_\_\_

Comment: \_\_\_\_\_

Pulse

B/min: \_\_\_\_\_ Position: \_\_\_\_\_ Site: \_\_\_\_\_ Type: \_\_\_\_\_

Comment: \_\_\_\_\_

Blood Pressure

Systolic (mmHg): \_\_\_\_\_ Diastolic (mmHg): \_\_\_\_\_ Position: \_\_\_\_\_ Side: \_\_\_\_\_

Comment: \_\_\_\_\_

Respirations

Per Minute: \_\_\_\_\_ Vent: \_\_\_\_\_

Comment: \_\_\_\_\_

Oxygen Saturation

%: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Unit: \_\_\_\_\_

Route: \_\_\_\_\_

Comment: \_\_\_\_\_

Weight

kg: \_\_\_\_\_ Scale: \_\_\_\_\_

Comment: \_\_\_\_\_

**Physical Examination**

Physical Examination

**Current Functional Status**

PT Functional Progress:

OT Functional Progress:

ST Functional Progress:

EATING (ability to use suitable utensils to bring food and/or liquid to the mouth, swallow food and/ or liquid)

ORAL HYGIENE (ability to use suitable items to clean teeth/dentures)

TOILETING HYGIENE (ability to adjust clothing before, clean after void/BM, and adjust clothing after)

TOILET TRANSFER (the ability to get on and off a toilet or bedside commode)

SHOWER/BATHE SELF (includes washing, rinsing, and drying (excludes back and hair) As appropriate for patient s normal routine shower/bath/sink

UPPER BODY DRESSING (put on and/or remove, i.e.: t shirt, button down shirt, sweater, bra, INCLUDES brace, prosthetic, binder)

LOWER BODY DRESSING WITHOUT FOOTWEAR (put on and/or remove underwear/brief, pants, skirt, INCLUDES brace, prosthetic, shrinker)

PUTTING ON/TAKING OFF FOOTWEAR (includes putting on and/or taking off socks and shoes, tying or fastening, and retrieval of footwear)

SIT TO LYING (the ability to move from sitting on side of bed to lying flat on the bed)

LYING TO SITTING ON SIDE OF BED: the ability to move from lying on the back to sitting on side of bed with no back support

SIT TO STAND (the ability to come to a standing position from sitting in a chair/wheelchair or on the side of the bed)

CHAIR/BED -TO-CHAIR TRANSFER (the ability to move from seated position in chair/wheelchair or on edge of bed to a seated position on a different chair-wheelchair or edge of bed)

WALK 10 FEET (once standing, the ability to walk 10 feet in a room, corridor, or similar space)

WALK 50 FEET WITH TWO TURNS once standing, the ability to walk at least 50 and make 2 turns

WALK 150 FEET once standing, the ability to walk at least 150 in a corridor or similar space

1 STEP CURB the ability to go up and down a curb and-or up and down one step

4 steps: The ability to go up and down four steps with or without a rail

## Lab Results/Diagnostic Findings

Lab Results:

Diagnostic Findings:

## Assessment/Plan

Assessment/Plan:

## Addendum

Addendum:

Physician Addendum:

Resident Addendum:

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## Scribe Attestation

### Scribe Attestation:

☐ Documentation scribed by the individual below as dictated by the practitioner.

Scribe Name: \_\_\_\_\_

### Practitioner Attestation:

☐ Information documented by the scribe accurately reflects the service I personally performed and the decisions made by me.