

History

Date of Service:

_____ ☐ Late Entry

Chief Complaint:

History of Present Illness:

Past Medical History

Past Surgical History

Allergies:

Medications:

Diet:

Code Status:

Social and Functional History:

Family History:

☐ Family history reviewed and noncontributory to chief complaint**Review of Systems**

Review of Systems:

Physical Examination

Temperature

° F: _____ Site: _____

Comment: _____

Pulse

B/min: _____ Position: _____ Site: _____ Type: _____

Comment: _____

Respirations

Per Minute: _____ Vent: _____

Comment: _____

Blood Pressure

Systolic (mmHg): _____ Diastolic (mmHg): _____ Position: _____ Side: _____

Comment: _____

Oxygen Saturation

%: _____ Type: _____ Amount: _____ Unit: _____

Route: _____

Comment: _____

Weight

kg: _____ Scale: _____

Comment: _____

Physical Examination:

Lab Results/Diagnostic Findings

Lab Results:

Diagnostic Findings:

Assessment/Plan

Assessment/Plan

Medical Prognosis:

- ☐ Good (anticipate managing medical conditions without interruption to intensive therapy plan)
- ☐ Fair (special prophylaxis required to mitigate elevated risks)
- ☐ Poor (High risk of unavoidable complications during this stay)

Estimated Length of Stay:

Does the patient have a complaint of pain?

- ☐ No, The patient does not currently have a complaint of pain, and no interventions are prescribed for treatment of pain (Pharmacologic or Non-pharmacologic)
- ☐ Yes - The pain assessment and management plan has been reviewed with the patient, including the realistic expectations of pain reduction, improvement of physical function and the safe-use of opioid and non-opioid medications.

Admission Criteria

- ☐ The patient's clinical condition has been assessed, I concur with the PAS unless noted otherwise, and the patient is appropriate for Inpatient Rehabilitation Hospital admission.

Addendum

Addendum:

Physician Addendum:

Resident Addendum:

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.