OUTPATIENT OCCUPATIONAL THERAPY – DISCHARGE SUMMARY

DIAGNOSIS: ______________________ DATE OF DISCHARGE: __________

DISCHARGED TO: ☐ HOME ☐ TCU/SNU ☐ ECF ☐ OTHER __________

CONTINUE WITH THERAPY: ☐ YES ☐ NO IF YES, HAVE ARRANGEMENTS BEEN MADE? ☐ YES ☐ NO

REASON FOR DISCHARGE: ______________________

COMMENTS: ______________________

SHORT TERM GOALS	A	PA	NA	REASON FOR PA or NA
☐ Increase ROM				
☐ Decrease edema				
☐ Decrease pain				
☐ Promote wound healing				
☐ Remodel scar tissue				
☐ Protect injury/surgery				
☐ Increase strength/dexterity				
☐ Increase function/prevent deformity				
☐ Develop & monitor home program				
☐				
LONG TERM GOALS				
☐ Restore/maximize functional use of the R / L upper extremity				
☐				

A = ACHIEVED PA = PARTIALLY ACHIEVED NA = NOT ACHIEVED

RECOMMENDATIONS: ______________________

WRITTEN HOME EXERCISE PROGRAM GIVEN: ☐ YES ☐ NO PATIENT / FAMILY EDUCATION: ☐ YES ☐ NO

THERAPEUTIC EQUIPMENT ISSUED: ☐ YES ______________________ ☐ NO

VISIT SUMMARY: E = EVALUATION R = RE-EVALUATION

MONTH	YEAR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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OCTOBER																																
NOVEMBER																																
DECEMBER																																

SIGNATURE OF THERAPIST: ______________________ LICENSE #: __________ DATE: __________

ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.THERAPYDISCH

LAWSON # 800451 (Rev. 4/05)

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