

REHABILITATION SERVICES – DISCHARGE SUMMARY

INPATIENT OUTPATIENT

PHYSICAL THERAPY

OCCUPATIONAL THERAPY

SPEECH/LANGUAGE THERAPY

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 _____

GOALS	A	PA	NA	REASON FOR PA or NA

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	
JANUARY																																	
FEBURARY																																	
MARCH																																	
APRIL																																	
MAY																																	
JUNE																																	
JULY																																	
AUGUST																																	
SEPTEMBER																																	
OCTOBER																																	
NOVEMBER																																	
DECEMBER																																	

SIGNATURE OF THERAPIST: _____ LICENSE #: _____ DATE: _____



**ST. VINCENT CHARITY
MEDICAL CENTER**

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A Ministry of the Sisters of Charity Health System

PATIENT LABEL