

IN-PATIENT PHYSICAL THERAPY

PATIENT ID:
DATE OF ADMISSION:
DATE OF PT SERVICE(S):

DISCHARGE

RECOMMEND:

- NO ADDITIONAL THERAPY
- ASSISTIVE DEVICE
- CAREGIVER ASSITANCE
- HOME HEALTH PT
- PLACEMENT OTHER THAN RETURN TO HOME
- OUTPATIENT PT
- OTHER:

FOR THE FOLLOWING:

- ESTABLISHED SAFETY AND INDEPENDENCE
- ESTABLISHED SUPPORT
- SAFETY DURING MOBILITY
- INCREASED INDEPENDENCE
- DECREASED PAIN
- FUNCTIONAL MOVEMENT
- LACK OF CAREGIVER SUPPORT
- LIMITED PROGNOSIS
- PATIENT REQUEST
- HOSPICE/PALLIATIVE CARE
- OTHER:

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| THANK YOU FOR THE OPPORTUNITY TO CARE FOR THIS PATIENT | DATE: |
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