



THErapy DISCHARGE SUMMARY

Date: _____ Time: _____

Patient: _____ ID#: _____

Type of Discharge: Complete Partial - Still receiving services of PT ST OT HHA SN

Admit Date: _____ Discharge Date: _____ Diagnosis (primary): _____

Physician: _____

Physician Address: _____ City/ State/Zip: _____

Visits Rendered by: RN HHA PT OT ST MSW

Reasons for Discharge: Goals Met Skilled Nursing Care Patient Expired Patient no longer homebound
 Hospitalization Transfer to Another Agency Care Refused Other:
 Skilled Nursing Facility Moved out of town Notified M.D.

Disposition: Self Care NH ACLF Family Care Other:

Condition: Improved Stable Unstable Dec passed Regressed

Dependency: Dependent Independent Requires Supervision / Assist

Exercises: Passive Active Active Restrictive Restrictive

Performed with: R.U.E R.L.E. L.U.E. Wrist Neck

Transfer: Hoyer Lift Crutches Walker

Activities: W/C Cane Quad Cane Other:

Gait Training: N.W.B. P.W.B. F.M.
 Even Surfaces Stairs Uneven Surfaces

Asst. Required: Maximum Minimum Moderate Guarding Other:

Dist. Ambulated: 20 Ft. 40 Ft. 50 Ft. 80 Ft. 100 Ft.

Instructed on Home Program: Patient Family: (Name)
 Significant Other: (Name)

Narrative: _____

SUMMARY OF SERVICES RENDERED AND GOALS

Physical Therapy

- Patient has achieved and maintained functional limitations
 Patient is safely independent
 Absence of pain
 Free of contractures
 Range of motion of all joints within normal range
 Demonstrates turning and positioning schedule
 Ambulates safely with assistive device
 Ambulates safely without assistive device
 Demonstrates transfer technique and use of special devices
 Demonstrates ability to do special treatments
 Healed incision
 Demonstrates stump wrapping and hygiene
 Demonstrates technique to care for and protect functioning extremity

Physical Therapy continued

- Describes phantom Limb sensation
 Demonstrates stabilization of ambulation

Speech Therapy

- Patient has reached all realistic achievable goals
 Has attained maximum benefit from therapeutic program
 Verbal and sentence formulation comprehension improved to maximum at attainment within disease limitations

Occupational Therapy

- Patient has reached all realistic achievable goals
 Demonstrates knowledge of operation and care of adaptive equipment
 Demonstrates energy conservation/work simplification techniques
 Demonstrates compensatory and safety techniques

Patient/significant other response and adhere to teaching: Good Fair Poor

Therapy goals met: Yes No If no, explain: _____

Patient/significant other goals met: Yes No If no, explain: _____

Comments: _____

Patient/significant other instructed on the importance of adherence to exercise program. Physician follow-up and notify physician if complications occur.

Therapist Signature: _____ Date: _____ Time: _____

Patient Signature: _____ Date: _____ Time: _____