McLaren Business Products

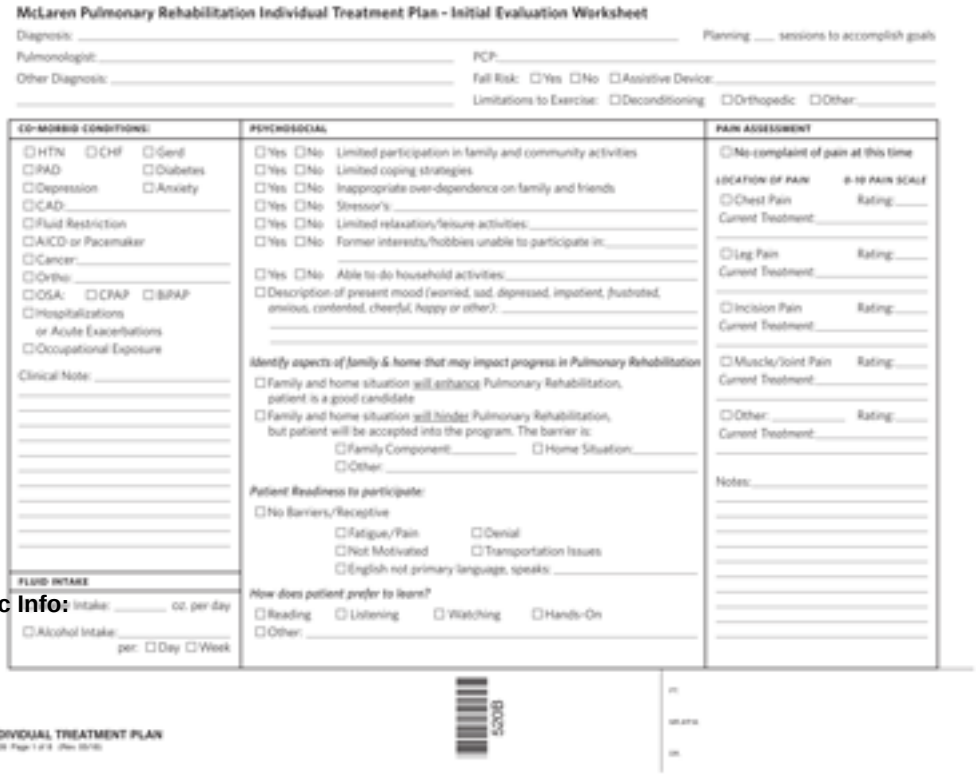
McLaren Print System Order

Order No: 46010
Order Date: 2019-06-05
User: Lisa Jaeger
Phone: 586-493-2236

Ship Location: McLaren Macomb Attn: Jacquline Phillips Respiratory Care
1000 Harrington Blvd.
Mount Clemens, MI 48043
Forms
Quantity: 500
Paragon Dept No: 40110
Dept Name: Respiratory Care & Neurology Serv
Company Number: 60

Order Total Price: 217.00

Item Number: 17309-A
Item Description: Individual Treatment Plan
Revision Date: 5/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: Staple (Upper Left)
Drill: 5 Hole Top
Misc Info: Print landscape; drill holes on left border



McLaren Pulmonary Rehabilitation Individual Treatment Plan – Initial Evaluation Worksheet

Diagnosis: _____ Planning ____ sessions to accomplish goals

Pulmonologist: _____ PCP: _____

Other Diagnosis: _____ Fall Risk: ☐Yes ☐No ☐Assistive Device: _____

_____ Limitations to Exercise: ☐Deconditioning ☐Orthopedic ☐Other: _____

CO-MORBID CONDITIONS:

☐HTN ☐CHF ☐Gerd
☐PAD ☐Diabetes
☐Depression ☐Anxiety
☐CAD: _____
☐Fluid Restriction
☐AICD or Pacemaker
☐Cancer: _____
☐Ortho: _____
☐OSA: ☐CPAP ☐BiPAP
☐Hospitalizations
or Acute Exacerbations
☐Occupational Exposure

Clinical Note: _____

FLUID INTAKE

Intake: _____ cc. per day
☐Alcohol Intake: _____
per: ☐Day ☐Week

PSYCHOSOCIAL

☐Yes ☐No Limited participation in family and community activities
☐Yes ☐No Limited coping strategies
☐Yes ☐No Inappropriate over-dependence on family and friends
☐Yes ☐No Stressor's: _____
☐Yes ☐No Limited relaxation/leisure activities: _____
☐Yes ☐No Former interests/hobbies unable to participate in: _____
☐Yes ☐No Able to do household activities: _____
☐Description of present mood (*worried, sad, depressed, impatient, frustrated, anxious, contented, cheerful, happy or other*): _____

Identify aspects of family & home that may impact progress in Pulmonary Rehabilitation

☐Family and home situation will enhance Pulmonary Rehabilitation, patient is a good candidate
☐Family and home situation will hinder Pulmonary Rehabilitation, but patient will be accepted into the program. The barrier is:
☐Family Component: _____ ☐Home Situation: _____
☐Other: _____

Patient Readiness to participate:

☐No Barriers/Receptive
☐Fatigue/Pain ☐Denial
☐Not Motivated ☐Transportation Issues
☐English not primary language, speaks: _____

How does patient prefer to learn?

☐Reading ☐Listening ☐Watching ☐Hands-On
☐Other: _____

PAIN ASSESSMENT

☐No complaint of pain at this time

LOCATION OF PAIN — 0-10 PAIN SCALE

☐Chest Pain Rating: ____
Current Treatment: _____

☐Leg Pain Rating: ____
Current Treatment: _____

☐Incision Pain Rating: ____
Current Treatment: _____

☐Muscle/Joint Pain Rating: ____
Current Treatment: _____

☐Other: _____ Rating: ____
Current Treatment: _____

Notes: _____

INDIVIDUAL TREATMENT PLAN

Spec Info: