

McLaren Flint  
Flint, MI  
NEUROLOGIC REHABILITATION INSTITUTE

POST EVALUATION SUMMARY & TREATMENT PLAN

DATE OF EVALUATION: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

TEAM LEADER: \_\_\_\_\_

POST EVALUATION SUMMARY:

The following services are recommended:

	Frequency/Duration:	Signature	Date
Social Work:	_____	_____	_____
Speech Language Pathology:	_____	_____	_____
Physical Therapy:	_____	_____	_____
Occupational Therapy:	_____	_____	_____
Recreational Therapy:	_____	_____	_____

Rancho Los Amigos Scale of Cognitive Function Level: \_\_\_\_\_

Recommended Referrals/Consultations: \_\_\_\_\_

Safety Concerns/Recommended Restrictions: \_\_\_\_\_

Barriers to Treatment: \_\_\_\_\_

Educational Plan:     Orientation     Stroke Education     Brain Injury Education  
                           Support Groups     \_\_\_\_\_     \_\_\_\_\_

Discharge Plan:

Anticipated D/C Date: \_\_\_\_\_

Anticipated Community Resource Needs: \_\_\_\_\_



PT.

MR./RM.

DR.