McLAREN FLINT

Flint, Michigan PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY

Date Admitted to Rehab: / /	ICG Code:			
Date Discharged from Rehab:	Etiological Diagnosis:			_
Case Coordinator:				
F/U Plan of Care:				
Discharge Destination:				
Signature:		_ Date:	/	/
NSG:				
Signature		_ Date:	/	/

PHYSICAL MEDICINE AND REHABILITATION **DISCHARGE SUMMARY**



PT.

MR.#/P.M.

McLAREN FLINT

Flint, Michigan PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY

ST:				
Signature:	Date:	_ /	_/	Time:
TR:				
IK:				
Signatura	Data		,	Timo:
Signature	_ Date	_ /	_ /	Time

PT.

MR.#/P.M.

DR.

PHYSICAL MEDICINE AND REHABILITATION

McLAREN FLINT

Flint, Michigan PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY

ADMISSION	DISCHARGE		
PHYSICAL THERAPY	PHYSICAL THERAPY		
Roll: supine L/R:	Roll: supine L/R:		
Sit>supine:	_ Sit>supine:		
Supine>sit:	_ Supine>sit:		
Sit<>Stand:	_ Sit<>Stand:		
Chair<>bed:	_ Chair<>bed:		
Car Transfer: Goal:	_ Car Transfer:		
Ambulation:	_ Ambulation:		
Able to walk:	Able to walk:		
10 ft: Y/N Amt. of assist. needed:	10 ft: Y/N Amt. of assist. needed:		
10 ft on uneven surface: Y/N Amt. of assist needed:	10 ft on uneven surface: Y/N Amt. of assist needed:		
50 ft with 2 turns: Y/N Amt. of asssist needed:	50 ft with 2 turns: Y/N Amt. of asssist needed:		
150 ft: Y/N Amt of assist needed:	150 ft: Y/N Amt of assist needed:		
Stairs:	Stairs:		
Amt. of assist to go up 1 step (curb):	Amt. of assist to go up 1 step (curb):		
4 steps:12 steps: Rails:	_		
Balance:	_ Balance:		
Amt. of PA to pick object up from floor while standing:	Amt. of PA to pick object up from floor while standing		
W/C Mobility:	_ W/C Mobility:		
Able to wheel 50 ft. w/2 turns: Y/N Amt. of assist:	Able to wheel 50 ft. w/2 turns: Y/N Amt. of assist:		
150 ft: Y/N Amt. of assist:	150 ft: Y/N Amt. of assist:		

PHYSICAL MEDICINE AND REHABILITATION **DISCHARGE SUMMARY**

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MR.#/P.M.

PT.

McLAREN FLINT Flint, Michigan PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY

Т:			
:			
	INITITIAL	DISCHARGE	GOAL
ooming			
al Hygiene			
thing			
Dressing			
Dressing			
otwear On/Off			
b/Shower Transfer			
let Transfer			
leting			
ntures Yes/No			
gnature:			Date://
ave reviewed, participated i s document.	n, and agree with the discharg	e summaries represented ir	n pages one through four of
gnature (Dr. M. Margaret Snov	v, MD, Physiatrist):		

PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY 17310 Page 4/4 Rev. 12/16

Date: _____/ ____ Time: _____

PT.

MR.#/P.M.