

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: ____ / ____ / ____



PT.

MR.#/P.M.

DR.

McLAREN FLINT
Flint, Michigan
PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY

PT: _____

ADMISSION

DISCHARGE

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

PHYSICAL THERAPY
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Signature _____ Date: ____ / ____ / ____ Time: _____

PT.

MR.#/P.M.

DR.

McLAREN FLINT
 Flint, Michigan
PHYSICAL MEDICINE AND REHABILITATION DISCHARGE SUMMARY

OT: _____

	INITIAL	DISCHARGE	GOAL
Grooming			
Oral Hygiene			
Bathing			
UB Dressing			
LB Dressing			
Footwear On/Off			
Tub/Shower Transfer			
Toilet Transfer			
Toileting			
Dentures Yes/No			

Signature: _____ Date: ____ / ____ / ____

I have reviewed, participated in, and agree with the discharge summaries represented in pages one through four of this document.

Signature (Dr. M. Margaret Snow, MD, Physiatrist):

Date: ____ / ____ / ____ Time: _____

PT.
 MR.#/P.M.
 DR.