



<b>Mobility – Current functioning</b>									
Date of PT/OT									
Bed mobility:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Transfers:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Gait/Distance:									
Gait/Assist needed:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Gait/Assistive device:	<input type="checkbox"/> None	<input type="checkbox"/> Type							
Stairs:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> No. of stairs							
Stairs/Assist needed:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Comments:									
<b>Self-care current functioning</b>									
Bathing/UE:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Bathing/LE:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Dressing/UE:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Dressing/LE:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Toileting/Hygiene mgt:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
ADL transfers:	<input type="checkbox"/> Total assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Mod	<input type="checkbox"/> Min	<input type="checkbox"/> CGA	<input type="checkbox"/> Mod Ind	<input type="checkbox"/> Ind	<input type="checkbox"/> SBA	
Focus goal of therapy:									
Comments:									
<b>Speech therapy current status</b>									
<input type="checkbox"/> None <input type="checkbox"/> Dysphasia eval./Modified barium swallow results/Aspiration risk/Recommendations:									
<b>Discharge plans (must be initiated upon admission)</b>									
Discharge date (tentative):									
Discharge with: <input type="checkbox"/> Home alone <input type="checkbox"/> Family/Support <input type="checkbox"/> HHC/Company <input type="checkbox"/> OP/Company <input type="checkbox"/> Other:									
Equipment:									
Home/No. levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other:									
Home/No. steps at: <input type="checkbox"/> Entry: <input type="checkbox"/> Bed/bath:									
Supervision needs:									
DC barriers (steps, ramps, curbs, home limits, other):									
Home eval completed:									
Form must be completed by clinical personnel. Sign and date:									