CLEVELAND CLINIC HOME CARE PHYSICAL THERAPY DISCHARGE SUMMARY

Circle Team: N1 N2 N3 N4 T1 T2 T3 T4									
Other Disciplines still Active									
SOC: P.T. SOC: P.T. Last Billable Visit: P.T. D/C Date: DISCHARGE REASON: (Check One): DISCHARGE DISPOSITON: (Check One)									
□ 5D	Recert Visit Not in 5 Day Window		AA	Left Against Medical Advice		ck One,	,		
□ 60	In Hospital Over Recert End Date	_	AH	Admitted to Hospital					
	Death at Home	_	DH	Death at Home					
	Discharge to Hospice	_	DM	Expired at Medical Facility					
□ GM	Goals Met	_	DU	Expired Place Unknown					
□ LF	No Source of Payment/Refuses Self Pay	_	SC	Discharge to Home					
	Lack of Progress	_	XI	Transfer to ICF					
	Moved From Service Area	_	XS	Transfer to SNF					
□ NB	Needs Beyond Home Care – Outpatient	_	XX	Transfer to Other Institution					
□ NC	Non Compliance or Not Homebound	_	2121	Transfer to other institution					
□ NR	Hospitalized Not Resumed During Episode			DISCHARGE CONDITION	N: (Check	One)			
□ PX	Physician Refused					One)			
□ RC	Change in Reimbursement Source	_		Good					
□ RX	Patient, Family Refused	_		Fair					
	Entered SNF, LTC, Nursing Home, Rehab	_		Poor					
	Transfer to agency Not of Common Ownership			Expired					
□ UC	Unsafe Conditions or Environment	_		Expired					
□ EO	Eval Only No Further Skilled Care Planned								
	Maximum Potential Achieved for Home Care								
GOALS FOR TREATMENT: (Status Key: A = Achieved PA = Partially Achieved STATUS AT									
NM = Not Met GE = Goal ended. Pt. hospitalized)						DISCHARGE			
Patient or Care Giver will demonstrate compliance with and participation in the plan of						PA	NM	GE	
u rio	treatment while maximizing home safety				A	ГА	11111	GE	
	appropriate equipment if necessary.	Р							
□ PTG		ndividual f	unction	al goals.	_ A	PA	NM	GE	
□ PTG						PA	NM	GE	
□ PTG	04 Demonstrate improved balance.				_ A	PA	NM	GE	
□ PTG	05 Demonstrate safe transfer.				A	PA	NM	GE	
□ PTG	06 Improved ROM.				 A	PA	NM	GE	
□ PTG	•				A	PA	NM	GE	
□ PTG	08 Improve stair negotiation.				– A	PA	NM	GE	
□ PTG	09 Patient will report an acceptable level of p	oain.			A	PA	NM	GE	
□ PTG	Pt/CG verbalizes/demonstrates measures	to control	nain.		— А	PA	NM		
□ G17	Patient's wound will heal without Compli	cations.				PA	NM	GE	
□ G18	Patient/caregiver verbalizes edema reduci		ies		_	PA	NM	GE	
□ G19	Caregiver will demonstrate ability to safe.				A	PA	NM	GE	
- 017	activities	ry describe pu		an appropriate rangerona.			1,1,1	O.L	
□ G19.		dge of fall	prevent	ion measures.	— А	PA	NM	GE	
□ OTE		u-54 01 1411	provent		A	PA	NM	GE	
Additional Information: Reason goals not met/plans for post discharge needs:									
raditio	iai information. Reason goals not met plans for p	705t discila	inge need	us.					
Physician Name (Print) Date Physician Notified of Discharge – Copy on Request									
·									
Patient Name (Print)			The	rapist Signature	Da	te			