

# Stroke Rehabilitation Inpatient Discharge Summary Form

## Patient Details

Full Name

Medical Record Number

Date of Admission

Date of Discharge

Date of Birth

## Diagnosis

Primary Diagnosis

Comorbidities

## Functional Status at Discharge

Mobility (e.g., walking, wheelchair use)

Activities of Daily Living (ADLs)

Communication / Cognition

## Summary of Rehabilitation Care

Therapies Provided

Progress / Gains Achieved

Limitations / Ongoing Needs

## Discharge Plan

Recommended Follow-up (specialties, appointments etc.)

Medications at Discharge

Equipment Provided / Required

Home Care / Community Services

Other Instructions

## Provider Details

Clinician Name

Position / Discipline

Date