

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