PATIENT INFORMATION

Name:

Medical Record Number:

Date of Admission:

Date of Discharge:

Attending Physician:

DIAGNOSIS

Primary Diagnosis:

Secondary Diagnoses:

HOSPITAL COURSE

FUNCTIONAL STATUS AT DISCHARGE

Mobility:

Activities of Daily Living (ADLs):

Cognitive Status:

MEDICATIONS

THERAPIES AND INTERVENTIONS

Physical Therapy:

Occupational Therapy:

Speech/Language Therapy:

DISCHARGE PLAN & RECOMMENDATIONS

FOLLOW-UP APPOINTMENTS

PREPARED BY
Name/Title:

Date:
