

# Rehabilitation Therapy Discharge Summary

## PATIENT INFORMATION

Name:

Date of Birth:

Medical Record #:

Date of Admission:

Date of Discharge:

Therapist:

## REASON FOR REFERRAL

## DIAGNOSIS

## SUMMARY OF REHABILITATION

## FUNCTIONAL STATUS AT DISCHARGE

## GOALS ACHIEVED

## RECOMMENDATIONS / HOME EXERCISE PROGRAM

**THERAPIST SIGNATURE**

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**Name:**

**Date:**

**Signature:**