

Physical Therapy Discharge Summary

Patient Name _____

Sex _____ Age _____ Admission Date _____ Discharge Date _____

Primary Diagnosis _____

Secondary Diagnosis _____

Medical Precautions _____

Cognition FIMs: Comprehension: _____ Expression: _____ Social Interaction: _____

Problem Solving: _____ Memory: _____

Subjective: Pain: yes _____ no _____ Location: _____ Intensity (0-10) _____

Objective: Strength/ROM _____

		FIM Key			
<i>Mobility:</i>					
Bed mobility		Mobility Descriptions: _____ _____ _____ _____ _____	7 Complete Independence (timely, safely)	No Helper	
Transfers:			6 Modified Independence (device)		
W/C → bed/mat			<u>Modified Dependence</u> 5 Supervision 4 Minimal Assist (subject = 75%+) 3 Moderate Assist (subject = 50%+)		Helper
W/C propulsion					
Ambulation			<u>Complete Dependence</u> 2 Maximal Assist (subject = 25%+)		
Device _____					
Distance _____					
Stairs					

Balance: Sitting _____ Standing _____

Endurance: _____ (Good = G, Fair = F, Poor = P)

Home Program: THA _____ TKA _____ Amputee _____ Other _____

Family Education: attended _____ not attended _____ instructions given: _____

Equipment ordered: _____

Assessment: Follow up PT recommendation: HHPT _____ Outpatient PT _____ None _____

Plan: Home alone _____ Home w/assistance _____ SNF _____ ALF _____

Other _____

Signature _____ Date: _____ Time: _____

