Arias Home Health
4811 Chippendale Dr.#201
Sacramento, CA 95841
Phone: (916) 913-1134 | Fax: (916) 993-9122

OT Discharge

Patient Name: Test Patient **MR:** #### **Visit Date:** 6/5/2018

Episode Period: 04/11/2018 - 06/09/2018 **Time In:** 11:00 AM **Time Out:** 11:30 AM

Associated Mileage: **Surcharge:** **Physician:** Test Physician

Vital Signs

SBP	DBP	HR	Resp	Temp	Weight	O2 Sat
122	79	80	14			

ADLs/Functional Mobility Level/Level of Assist

I.FUNCTIONAL MOBILITY	Assistance	Assistive Device
Bed mobility	____	____
Bed/WC transfers	____	____
Toilet transfer	____	____
Tub/shower transfer	____	____

Comment
SBA bed mob
Transfers at Max Potential at this time

II.SELFCARE/ADL SKILLS	Assistance	Assistive Device
Self Feeding	____	____
Oral Hygiene	____	
Grooming	____	
Toileting	____	
UB bathing	____	____
LB bathing	____	____
UB dressing	____	____
LB dressing	____	____

Comment
SBA self feeding and g/h
Min UB Dress
Mod LB Dressing and bathing

III.INSTRUMENTAL ADL	Assistance	Assistive Device
Housekeeping	____	____
Meal prep	____	____
Laundry	____	____
Telephone use	____	____
Money management	____	____
Medication management	____	____

Comment
DEP

Clinician Signature: **Date:**
Electronically Signed by: Test Clinician OT 6/5/2018

Arias Home Health
4811 Chippendale Dr.#201
Sacramento, CA 95841
Phone: (916) 913-1134 | Fax: (916) 993-9122

OT Discharge

Patient Name: Test Patient **MR:** #### **Visit Date:** 6/5/2018

Episode Period: 04/11/2018 - 06/09/2018 **Time In:** 11:00 AM **Time Out:** 11:30 AM

Associated Mileage: **Surcharge:** **Physician:** Test Physician

ADLs/Functional Mobility Level/Level of Assist

	Static	Dynamic
Sitting Balance	____	____
Stand Balance	____	____

Physical Assessment

Comment

AROM of BUEs WFLs

BUE strength 4/5

Part	Action	ROM Right	ROM Left	Strength Right	Strength Left
Shoulder	**Flexion**				
	Extension				
	Abduction				
	Int Rot				
	Ext Rot				
Elbow	**Flexion**				
	Extension				
Finger	**Flexion**				
	Extension				
Wrist	**Flexion**				
	Extension				
Trunk	**Flexion**				
	Rotation				
	Extension				
Neck	**Flexion**				
	Extension				
	Lat Flexion				
	Long Flexion				
	Rotation				

W/C Mobility

☐ N/A

Level _____ **Uneven** _____

Maneuver _____ **ADL** _____

Clinician Signature: **Date:**

Electronically Signed by: Test Clinician OT 6/5/2018

Arias Home Health
4811 Chippendale Dr.#201
Sacramento, CA 95841
Phone: (916) 913-1134 | Fax: (916) 993-9122

OT Discharge

Patient Name: Test Patient **MR:** #### **Visit Date:** 6/5/2018

Episode Period: 04/11/2018 - 06/09/2018 **Time In:** 11:00 AM **Time Out:** 11:30 AM

Associated Mileage: **Surcharge:** **Physician:** Test Physician

Sensory/Perceptual Skills

Area	Sharp/Dull Right	Sharp/Dull Left	Light/Firm Touch Right	Light/Firm Touch Left	Proprioception Right	Proprioception Left

Visual Skills: Acuity

Intact ☐ Impaired ☐ Double ☐ Blurred

Tracking:

Unilaterally ☐ Bilaterally ☐ Smooth ☐ Jumpy ☐ Not Tracking

Visual Field Cut or Neglect Suspected

☐ Right ☐ Left

Impacting Function?

☐ Yes ☐ No (Specify): _____

Referral Needed?

☐ Yes ☐ No (Who contacted): _____

Cognitive Status/Comprehension

Memory:Short term		**Sequencing**	
Memory:Long term		**Problem Solving**	
Attention/Concentration		**Coping Skills**	
Auditory Comprehension		**Able to Express Needs**	
Visual Comprehension		**Safety/Judgment**	
Self-Control		**Initiation of Activity**	

Comments

WFLs

Motor Components(Enter Appropriate Response)

Fine Motor Coordination	Right	
	Left	
Gross Motor Coordination	Right	
	Left	

☐ Right handed ☐ Left handed ☐ Orthosis ☐ Used

☐ Needed(specify) _____

Clinician Signature: **Date:**

Electronically Signed by: Test Clinician OT 6/5/2018

Arias Home Health
4811 Chippendale Dr.#201
Sacramento, CA 95841
Phone: (916) 913-1134 | Fax: (916) 993-9122

OT Discharge

Patient Name: Test Patient **MR:** #### **Visit Date:** 6/5/2018

Episode Period: 04/11/2018 - 06/09/2018 **Time In:** 11:00 AM **Time Out:** 11:30 AM

Associated Mileage: **Surcharge:** **Physician:** Test Physician

Motor Components(Enter Appropriate Response)

Comments
WFLs

Standardized test

Prior		Current	
Katz Index:		**Katz Index:**	
9 Hole Peg Test:		**9 Hole Peg Test:**	
Lawton & Brody IADL Scale:		**Lawton & Brody IADL Scale:**	
Mini-Mental State Exam:		**Mini-Mental State Exam:**	
Other:	:	**Other:**	:

Pain Assessment

Pain Location **Pain Level** 0

Increased by **Relieved by**

Skilled Care Provided This Visit

Bed mobility, SBA to Min this date for rolling

Patient at max potential at this time

Reason for Discharge

Reached Maximum Potential
☐ Per Patient/Family Request
☐ Goals Met
☐ Expired
☐ No Longer Homebound
☐ Prolonged On-Hold Status
☐ Hospitalized

Other

Condition of patient at time of discharge

☐ Totally dependent for care
☐ Inappropriate for home care
☐ Returned to self/family care
☐ Returned to optimum level of independence
☐ Rehabilitated to maximum potential

Other

Summary of care provided

ADL training

Clinician Signature: **Date:**

Electronically Signed by: Test Clinician OT 6/5/2018

Arias Home Health
4811 Chippendale Dr.#201
Sacramento, CA 95841
Phone: (916) 913-1134 | Fax: (916) 993-9122

OT Discharge

Patient Name: Test Patient
MR: ####
Visit Date: 6/5/2018
Episode Period: 04/11/2018 - 06/09/2018
Time In: 11:00 AM
Time Out: 11:30 AM
Associated Mileage:
Surcharge:
Physician: Test Physician

Summary of care provided

Bed mob training
HEP training

Summary of progress made

At Max potential at this time

Clinician Signature:
Electronically Signed by: Test Clinician OT

Date:
6/5/2018