



APPLIED HEALTHCARE SOLUTIONS, INC.

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PHYSICAL THERAPY DISCHARGE

TREATMENT / DIAGNOSIS / PROBLEM:

DIABETES DUE TO UNDRL CONDITION W OTH DIABETIC OPTH COMP

HOMEBOUND REASON

- Needs assistance for all activities
- Severe SOB, SOB upon exertion
- Requires assistance to ambulate
- Confusion, unable to go out of home alone
- Unable to safely leave home unassisted
- Other: _____
- Dependent upon adaptive device(s)
- Medical restrictions
- Residual weakness

VITAL SIGNS

Temperature: N/A Oral Axillary Temporal Tympanic Pulse: Apical Radial 90 Regular Left Sitting Right

Respirations: 18 Weight: _____ Blood Pressure: 120 / 68

REASON FOR DISCHARGE

Patient progressing well with P.T. goals met, pain controlled and patient independent with hep and states he can continue with program independently.

ADMISSION STATUS	DISCHARGE STATUS
Pain due to <u>chronic aggravated by fall</u> level <u>8</u>	Pain due to <u>chronic, aggravated by fall</u> level <u>5</u>
ROM <u>wf1</u>	ROM <u>wf1</u>
Strength and Endurance <u>le's 2/5, poor household mobility or</u>	Strength and Endurance <u>le's left 4/5, right 3+/5</u>
Balance <u>poor standing with FWw</u>	Balance <u>fair/good with fww</u>
Coordination <u>impaired due to pain and weakness in le's</u>	Coordination <u>wf1</u>
Bed Mobility <u>SA for vc's for technique</u>	Bed Mobility <u>independent</u>
Transfers <u>SBA with FWw</u>	Transfers <u>independent including floor transfers</u>
Ambulation <u>SBA with FWw x 20-30 feet</u>	Ambulation <u>independent > 500 feet on level/uneven surfaces</u>
Fine Motor Coordination <u>wf1</u>	Fine Motor Coordination <u>wf1</u>
Sensory/Perceptual Awareness <u>wf1</u>	Sensory/Perceptual Awareness <u>wf1</u>
Sensory/Perceptual Coordination <u>wf1</u>	Sensory/Perceptual Coordination <u>wf1</u>
Receptive Communication <u>wf1</u>	Receptive Communication <u>wf1</u>
Expressive Communication <u>wf1</u>	Expressive Communication <u>wf1</u>
Swallowing <u>wf1</u>	Swallowing <u>wf1</u>
Knowledge of	Knowledge of
Disease Process <u>na</u>	Disease Process <u>knowledgeable</u>
HEP <u>0</u>	HEP <u>independent and compliant</u>
Treatments <u>na</u>	Treatments <u>x 5 visits</u>
Care Management <u>na</u>	Care Management <u>CM informed of d/c</u>
Safety <u>fair</u>	Safety <u>good</u>
Other _____	Other _____

SELF CARE ACTIVITY ON ADMISSION:

At Discharge: Self Care resumed Assist to be provided by _____
 Transferred to _____

CARE PROVIDED: Observation/Evaluation Instruction Personal care as ordered Treatments as ordered
 Other _____

UNMET NEEDS:

INSTRUCTIONS FOR CONTINUING CARE NEEDS: Equipment management Physician follow-up Home program
 Other _____

ADDITIONAL COMMENTS/REFERRALS MADE:

Patient continues with c/o pain, but pain reduced by 40-50%. Function improved to community distance independent with FWw. Patient is independent and compliant with hep and continues improvement. Patient able to ambulate with spcc 50 feet, but safer and tolerating activity better with walker at this time. Patient able to continue on with hep and pain management as instructed. Patient agreeable to discharge by P.T. at this time.

PHYSICIAN: Test Physician

THERAPIST: Test Clinician

Physician contacted on _____ and discharge is approved.

Patient Name: Test Patient

MR#: #000000000