

FUNCTIONAL STATUS (LEGEND: I=Independent; S=Supervision; MinA=Minimum Assistance; ModA=Moderate Assistance; MaxA=Maximum Assistance; D=Dependent)		
	Score	Comment
Feeding		
Grooming		
Bathing		
Dressing		
Transfers		
Walking		
Wound Care:		
Current Diet/Swallowing Concerns:		<input type="checkbox"/> GI Tube <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> PIC
Continence (bowel / bladder):		<input type="checkbox"/> Catheter
Oxygen		
Tracheostomy:	Type:	Size:
Medical Issues still pending / Investigations booked:		
Emotional / Motivational status:		
Behavioural Issues:		
Cognitive / Perceptual deficits:		
Communication:		
Tolerance (length of therapy session, time spent up during the day)		
Recent Progress		
Rehab Goals		
Home environment (include family & social support)		Realistic discharge destination
Level of function needed to meet discharge goal (include concerns that may delay discharge)		
Estimated Length of Stay:		
ATTACHMENTS		
In addition, please attach the following documents (add pages as necessary): <input type="checkbox"/> Patient History / Consultation reports <input type="checkbox"/> MAR <input type="checkbox"/> Most recent Nursing & Allied Health Progress Notes <input type="checkbox"/> Special Equipment Details (prosthesis, wheelchair)		