Age	Sex	Referring Physician
Admitting Diagnosis		Date of Onset/ Admission

History of Present Illness _____

_____

_____

Past Medical History _____

_____

_____

Prior level of cognition: ☐ Normal ☐ Other _____

Hearing: ☐ Adequate ☐ Inadequate ☐ Hearing Aide Vision: ☐ Adequate ☐ Inadequate ☐ Corrective lenses

Social Situation - Lives with _____ Occupation _____

Other Services needed: ☐ PT ☐ OT ☐ SLP ☐ Wound Care ☐ HBO ☐ Social Work ☐ Other _____ ☐ None

Patient's Tolerance & Capacity: ☐ Low ☐ Fair ☐ Good ☐ Normal

Rehab Potential ☐ Guarded ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Religious/Cultural Factors: ☐ No ☐ Yes, Specify _____ Barriers to Learning: ☐ No ☐ Yes - Specify _____

Signature, Title _____ Date _____ Time _____

Residence: ☐ House ☐ Apartment ☐ Other ☐ Elevator ☐ Steps # _____ ☐ Railing L/R ☐ Flights # _____

Bathroom: ☐ Tub ☐ Shower Stall ☐ Tub/Shower ☐ Handheld Shower ☐ Tub/Chair Bench ☐ Raised toilet seat
☐ 3 in 1 commode Comments: _____

Prior level of Function - Gait: _____ Device: _____ Transfers: _____ Self Care _____

Comments: _____

Signature, Title _____ Date _____ Time _____

Date	Physician's Orders ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Language Pathology

Year	PLACE INITIALS ON DATE TREATMENT IS GIVEN																													
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PT																															
OT																															
SLP																															

Signature, Title	Initials	Signature, Title	Initials	Signature, Title	Initials

Patient Identification

HEALTHCARE

☐ Hospital ☐ Hospital

REHABILITATION MEDICINE

PATIENT DATA BASE

9970-182 (9/99)