

THErapy DISCHARGE COMMUNICATION FORM

3-DAY ADVANCED NOTICE

PT

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SPEECH

RESIDENT / UNIT:

INSURANCE

- Medicare Part A
- Medicare Part B
- HMO
- Other

LAST DAY OF THERAPY:

Discharge reason(s):

- Resident reached independent level of function
- Resident has met all goals
- Resident no longer requires skilled therapy and needs can be met via routine care
- Plateau in status; No potential for further progress
- Consistent refusals to participate
- Medically unstable and unable to participate
- Other _____

Is resident aware of discharge?

Yes

No

N/A

Family member notified of upcoming discharge:

Date: _____

Spoke with family

VM left

Family Member/ Relation: _____

Concerns expressed regarding d/c: _____

Therapist completing form

Date form completed and sent