

Prince of Wales Hospital – DRAFT Oct 2008					SURNAME: _____		MRN: _____					
REHABILITATION MEDICINE					OTHER NAMES: _____		DOB: _____					
South Eastern Sydney Illawarra Area Health Service					SEX: _____		AMO: _____					
REHABILITATION PLAN & ADMISSION/DISCHARGE GOALS SHEET					AFFIX ADDRESSOGRAPH LABEL HERE							
Date:/...../.....					Goals for Discharge (to be completed in team meeting)							
Primary Diagnosis					Destination/ Environment							
					Mobility							
					Self Care							
Functional Impairments					Domestic/ IADL's							
					Psycho-Social							
					Communication & Diet							
					Other							
Other Issues					Case worker							
1st week Functional Patient Centred GOALS, Planned Therapy or Assessments												
Medical												
Physio												
Nursing												
OT												
Social Work												
Speech path												
Psychology												
Other												
Patient is aware of the dimensions of the Rehabilitation programme No <input type="checkbox"/> Yes <input type="checkbox"/>						Date: ____/____/____						
Patient is agreeable to participate. No <input type="checkbox"/> Yes <input type="checkbox"/>												
Patient is involved in goal setting, has been consulted and agrees with their GOALS No <input type="checkbox"/> Yes <input type="checkbox"/> Signed MO _____												
Admission FIM			Self Care		Continence		Transfers		Locomotion			
Eating	Grooming	Bathing	Dress Upper Body	Dress Lower Body	Toileting	Bladder	Bowel	Bed to Chair	Toilet	Shower or Bath	Walk	Stairs
											WC	
Social Cognition						FIM		Estimated Discharge Date				
Compre-hension	Express-ion	Social Interaction	Problem Solving	Memory	Date	EDD		Pre-episode accommodation				
					TOTAL	FIM Completed within 72hrs of Admission No <input type="checkbox"/> Yes <input type="checkbox"/>		Rehab plan within 7days of Admission No <input type="checkbox"/> Yes <input type="checkbox"/>				

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DISCHARGE PLAN

Barriers to Discharge	Discharge Tasks & Responsibilities

Follow up Letters, Appointments & Therapies		Community Services/ Assistance	
Discharge Letters GP No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/>	
cc.		List services & assistance (formal & informal)	
Out patients No <input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/>			
Disciplines			

Discharge FIM						Self care		Continenence		Transfers			Locomotion	
Eating	Groom- ing	Bathing	Dress Upper Body	Dress Lower Body	Toileting	Bladder	Bowel	Bed to Chair	Toilet	Shower or bath	Walk	Stairs	WC	

Social Cognition					FIM	
Compre- hension	Express- ion	Social Interact.	Problem Solving	Memory	Date	ACTUAL Discharge
						Date.../...../.....
					TOTAL	Discharge Accommodation: same as on admission or allows for greater independence No <input type="checkbox"/> Yes <input type="checkbox"/>
						Discharge plan Completed prior to seperation No <input type="checkbox"/> Yes <input type="checkbox"/>

...MO Print Name: _____ Sign: _____ Date: ____/____/____