THERAPY COMMUNICATION/SCREEN FORM

Resident Name:_____ Medical Record #:_____

Check what is applicable:

_____ New admit expected _____ Date/time anticipated
_____ PT orders received _____ Date Received
_____ OT orders received _____ Date Received
_____ SLP orders received _____ Date Received

Resident has shown a change in the following areas of function:

PT

_____ Joint Range of Motion
_____ Bed Mobility
_____ Transfers
_____ Ambulation
_____ Falls
_____ Incontinence
_____ Restraint use/needs
_____ Skin integrity/Pressure Ulcers
_____ Pain
_____ Medication
_____ Weight loss/gain
_____ Dehydration
_____ Toileting
_____ Bathing
_____ Orientation/Memory/Cognition
_____ Splint Fit/Adjustment
_____ Positioning in Wheelchair/Bed
_____ Behavior
_____ Psychosocial Well-being
_____ Making needs known/communication
_____ Gait

OT

_____ Joint Range of motion
_____ Restraint use/needs
_____ Skin integrity/Pressure Ulcers
_____ Pain
_____ Medication
_____ Weight loss/gain
_____ Dehydration
_____ Dressing
_____ Feeding self/Adaptive equip.
_____ Toileting
_____ Bathing
_____ Orientation/Memory/Cognition
_____ Split Fit/Adjustment
_____ Positioning in Wheelchair/Bed
_____ Behavior
_____ Psychosocial Well-being
_____ Making needs known/communication
_____ Grooming

SLP

_____ Skin integrity/Pressure Ulcers
_____ Pain
_____ Medications
_____ Swallowing/Choking/Coughing
_____ Oral Motor Function
_____ Weight loss/gain
_____ Dehydration
_____ Feeding self/Adaptive equip.
_____ Orientation/Memory/Cognition
_____ Behavior
_____ Psychosocial Well-being
_____ Hearing
_____ Making needs known/communication
_____ Dental Care
_____ Cognitive Status

Comments/Observations:

_____

_____

_____

_____ _____
Signature Date

_____

Exercise Restorative Therapy **Comments/Observation:**

_____

_____

_____

_____ _____
Signature Date

_____

TO BE COMPLETED BY THERAPY

Screen Type: _____ Initial _____ Quarterly _____ Annual _____ Significant Change

OT	Resident is candidate for an evaluation	Yes	No
PT	Resident is candidate for an evaluation	Yes	No
SLP	Resident is candidate for an evaluation	Yes	No

_____ _____
Occupational Therapist Date

_____ _____
Physical Therapist Date

_____ _____
Speech-Language Pathologist Date

BIG STONE

Updated 09/04/2008