

McLaren Print System Order

Order No: 8154
Order Date: 2015-01-12
User: Wendy Amman
Phone: 810-342-5350

Ship Location: McLaren Bristol Place / attn: Wendy
4466 W. Bristol Road
Flint, Mi 48507

Forms

Quantity: 500
Paragon Dept No: 38111
Dept Name: McLaren Therapy Services
Company Number: 60

Order Total Price: 0.00

Item Number: M-2927
Item Description: Physical Therapy Discharge Evaluation
Revision Date: 10/2014
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

MCLAREN FLINT
PHYSICAL THERAPY
DISCHARGE EVALUATION

41

Patient Name: _____
Diagnosis: _____
Referring Doctor: _____
Initial Evaluation Date: _____
Discharge Date: _____
The patient was seen in PT for ____ visits ____ no shows ____ cancellations.
Treatments consisted of _____

SUBJECTIVE: _____

Pain: Initial pain scale rating: _____
Discharge pain scale rating: _____
Comments: _____

Sleep Pattern: _____

FUNCTIONAL IMPROVEMENTS: _____

OBJECTIVE: _____

Orientation/Memorial: _____
Sensation: _____
Observation: _____
Posture: _____
Palpation: _____
Gait: _____

PHYSICAL THERAPY DISCHARGE EVALUATION
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M-2927-01-14