Regional Medical Center
Care Coordination Plan/Services
FROM: TO:
ROOM: ADM:
AGE: SEX: MD:
DOB: ID: MR:
REQUESTED:
OPT OUT:
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ANNOTATIONS AND COMMENTS - PATIENT FLOWSHEET

Perform Date/Time	Care Provider	Value/Comment/Annotation
CC Plan/Services		
Interaction with		PT

Care Providers:

Active	active	Eyescl	eyes closed	Minast	minimal assist	Poorpl	poor plus
Air	room air	Fair	fair	Mod	moderate	Right	right
Ao4	A&O x4	Fairmn	fair minus	Modast3	mod assist 3	Rwk	rolling walker
Astbl	as tolerated	Gr4	resting	Mono2	monitor O2 sats	Seeptf	see pt/fam rm:
Cardiac	cardiac	Intact	intact	Nonst	no stating	Spouse	spouse
Cardi	CAD	Ltsen1	1 listen	Normo	normal 2	Stp	stuporous
Cms	comatose	Mdindp	mod independent	Normal	normal	Wrm	warm
Cool	cool	Mg2m	2-/5	Osthome	1 story home	Yes	yes
Dstanc	dec stance R LE	Minast4	minimal assist 4	Poor	poor		

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PATIENT FLOWSHEET	00/00		00/00		
	00:00	00:00	00:00	00:00	00:00
PT Assessment					
Subjective					
Orientation/LOC					
Past Medical Hx					
Admitted from					
Steps to enter					
Support at home					
Ambulatory DME Transfer assist					
Precautions					
Weight bear					
Other Precaution					
All					
Motion					
Muscle tone					
Muscle strength					
Movement					
Dominant hand					
Bed Mobility					
Scooting					
Rolling					
Transfer Assist					
Supine/Sit					
Sit/Stand					
Stand/sit					
Standing Pivot					
Gait					
Ambulation					
Distance					
Endurance					
O2 Sat Resting					
O2 Sat Activity					
Balance					
Static Sitting					
Dynamic Sitting					
Static Standing					
Dynamic Standing					
Fatigue/musculo					
Sensation					
Coordination					
Skin/soft tissue					
Equipment					
Exercises Teaching musculo					

Good	good	Liter2	2 liters	Modast3	mod assist 3	Super8	set-up/super 8
Hld	hold	Mod	med condition	Modast	moderate assist	Trtmtd	treatment qd
Hto	home OT	Mdindp	mod independent	Modind	mod. independent	Update	updated
Idepen	independent	Minast4	minimal assist 4	Review	reviewed		
Indep8	independent 8	Minast	minimal assist	Seeptf	see pt/fam rec		

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Physical Medicine Report
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PATIENT FLOWSHEET	00/00 00:00	00/00	00/00 00:00	00:00	00:00
OT Assessment (Cont.)					
Trans bed/chair					
transfer commode					
trans tub/shower					
ADL Assistance					
UB dress					
LE dress					
UB Bath					
LE Bath					
Grooming					
Feeding					
Toileting					
Functional Mobil					
Prob disposition					
Teaching					
OT Initial Asses					
OT Initial Plan					
Pt/fam goals OT					
OT ADL Goals					
UB dress					
LE dress					
OT Fxl T/F Goals					
trans lying/sit					
Trans bed/chair					
transfer commode					
trans tub/shower					
OT Fxl Bal Goals					
Dynamic Sitting					
Dynamic Standing					
OT Act Tol Goals					
OT Fx Mobil Goal					
OT Stnd Tol Goal					
CARE PROVIDERS					
OT Progress Note					
OT not given					
O2 Sat Resting					
O2 Sat Activity					
Teaching musculo					
CARE PROVIDERS					
Plan of Care					
Interdisp Plan					
Interdisp Plan					
CARE PROVIDERS					
S.L.P Assessment					
Pain rating					
CARE PROVIDERS					

ANNOTATIONS AND COMMENTS - PATIENT FLOWSHEET

Perform Date/Time Care Provider Value/Comment/Annotation

Care Co D/C Plan

Previous Service

Initial D/C Plan

CC Plan/Services

Interaction with

Care Providers:

Active	active	Eyesd	eyes closed	Minast	minimal assist	Poorpl	poor plus
Air	room air	Fair	fair	Mod	moderate	Right	right
Ao4	A&O x4	Fairmn	fair minus	Modas3	mod assist 3	Rwk	rolling walker
Astol	at tolerated	Gr4	resting	Monn2	monitor O2 sats	Seeptf	see pt/fam ma:
Cardic	cardiac	Intact	intact	Nonal	no railing	Spouse	spouse
Cardd	CAD	Liter1	1 liter	Nomn2	normal 2	Stp	stuporous
Crnt	comatose	Mdindp	mod independent	Normal	normal	Wrm	warm
Cool	cool	Mg2m	2 /5	Oshome	1 story home	Yes	yes
Detanc	dec stance R LE	Minas4	minimal assist 4	Poor	poor		

Regional Medical Center
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PATIENT FLOWSHEET	00/00	
	00:00	00:00
PT Assessment		
Subjective		
Orientation/LOC		
Past Medical Hx		
Admitted from		
Steps to enter		
Support at home		
Ambulatory DME Transfer assist		
Precautions		
Weight bear		
Other Precaution		
All		
Motion		
Muscle tone		
Muscle strength		
Movement		
Dominant hand		
Bed Mobility		
Scooting		
Rolling		
Transfer Assist		
Supine/Sit		
Sit/Stand		
Stand/sit		
Standing Pivot		
Gait		
Ambulation		
Distance		
Endurance		
O2 Sat Resting		
O2 Sat Activity		
Balance		
Static Sitting		
Dynamic Sitting		
Static Standing		
Dynamic Standing		
Fatigue/musculo		
Sensation		
Coordination		
Skin/soft tissue		
Equipment		
Exercises Teaching musculo		

Bid	2X/day	Goodmn	good minus	Mg3m	3-/5	Poorpl	poor plus
Dstanc	dec stance R LE	Homept	home PT	Minast	minimal assist	Rngmot	ROM
Fairpl	fair plus	1 ther2	2 thers	Modast3	mod assist 3	Review	reviewed
Good	good	Mdindp	mod independent	Modast	moderate assist	Rwk	rolling walker

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PATIENT FLOWSHEET	00/00	
	00:00	00:00
PT Assessment (Cont.)		
Bed Mobil Goals		
Scooting		
Rolling		
Transfer Goals		
Supine/Sit		
Sit/Supine		
Sit/Stand		
Stand/sit		
Standing Pivot		
Ambulation Goals		
Amb Dist Goals		
Stairs Goals		
Strength Goals		
R leg		
Balance Goals		
Static Sitting		
Dynamic Sitting		
Static Standing		
Dynamic Standing		
Endurance Goals		
Pt/family goals		
Recommendation		
Tx Freq/Duration		
PT Initial Asses		
PT Plan of Care		
CARE PROVIDERS		
PT Progress Note		
PT Subjective		
MD Order Review		
Bed Mobil Train		
Scooting		
Rolling		
Transfer Train		
Sit/Supine		
Sit/Stand		
Stand/sit		
Standing Pivot		
Ambulation #1		
Amb Distance #1		
Gait Deviations		
Therapeut Ex #1		
Sitting		
Exercise #1 Reps		
AAROM RK flex		
Endurance		
O2 Sat Resting		

Active	active	Fairmn	fair minus	Modast	moderate assist	Review	reviewed
Air	room air	Grolnt	grossly intact	Mono2	monitor O2 sats	Rlgh	right
Are	acute rehab	Idepen	independent	Norail	no railing	Seeptf	see pt/fam rec
Antol	as tolerated	Intact	intact	Norm2	normal 2	Spouse	spouse
Cardic	cardiac	Liter1	1 liter	Normal	normal	Wrm	warm
Cartd	CAD	Liter2	2 liters	Oshome	1 story home		
Cool	cool	Mg4	4/5	Poor	poor		
Fair	fair	Minast	minimal assist	Poorpl	poor plus		

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PATIENT FLOWSHEET	00/00	
	00:00	00:00
PT Progress Note (Cont.)		
O2 Sat Activity		
PT teaching		
PT Assessment		
Modalities		
PT Plan		
PT Plan of Care		
PT Plan of Care		
CARE PROVIDERS		
OT Assessment		
OT Subjective		
Past Medical Hx		
Admitted from		
Steps to enter		
Support at home		
Precautions		
Weight bear		
Other Precaution		
Prior level fx		
Transfer		
IADL		
ADL		
Dominant hand		
Skin/soft tissue		
Head/neck contrl		
Both Upper Ext.		
Motion		
Muscle tone		
Muscle strength		
Movement		
Fine mtr co/dext		
Sensation LT		
Activ tolerance		
O2 Sat Resting		
O2 Sat Activity		
Balance		
Static Sitting		
Dynamic Sitting		
Static Standing		
Dynamic Standing		
Cognition		
Overall Assess		
Visual Percept		
Overall Assess		
Transfer Assist		
trans lying/sit		
trans sit/stand		

Good	good	Liter2	2 liters	Modast3	mod assist 3	Super6	set-up/super 6
Hld	hold	Mod	med condition	Modast	moderate assist	Trtfqd	treatment qd
Hto	home OT	Mdindp	mod independent	Modind	mod. independent	Update	updated
Idepen	independent	Minast4	minimal assist 4	Review	reviewed		
Indep8	independent 8	Minast	minimal assist	Seeptf	see pt/fam rec		

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PATIENT FLOWSHEET	00/00	
	00:00	00:00
OT Assessment (Cont.)		
Trans bed/chair		
transfer commode		
trans tub/shower		
ADL Assistance		
UB dress		
LE dress		
UB Bath		
LE Bath		
Grooming		
Feeding		
Toileting		
Functional Mobil		
Prob disposition		
Teaching		
OT Initial Asses		
OT Initial Plan		
Pt/fam goals OT		
OT ADL Goals		
UB dress		
LE dress		
OT Fxl T/F Goals		
trans lying/sit		
Trans bed/chair		
transfer commode		
trans tub/shower		
OT Fxl Bal Goals		
Dynamic Sitting		
Dynamic Standing		
OT Act Tol Goals		
OT Fx Mobil Goal		
OT Stnd Tol Goal		
CARE PROVIDERS		
OT Progress Note		
OT not given		
O2 Sat Resting		
O2 Sat Activity		
Teaching musculo		
CARE PROVIDERS		
Plan of Care		
Interdisp Plan		
Interdisp Plan		
CARE PROVIDERS		
S.P. Assessment		
Pain rating		
CARE PROVIDERS		

Bd 2X/day

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Physical Medicine Report
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PATIENT FLOWSHEET	00/00	
	00:00	00:00
SLP Plan/Goals		
Tx Freq/Duration		
CARE PROVIDERS		