Discharge Information to Help with Transition

Student Name: Date:

Present Physical Condition
Fiesent Filysical Condition
Motor Skills & Abilities
Flotor Skins & Abilities
Physical Limitations & Needs
Activity Limitations & Strengths
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Therapy Requirements
Required Assistive Devices
Calf Care Abilities
Self-Care Abilities

Prescribed Medication
Communication Abilities
Behavior Concerns
Cognitive Recovery Pattern
Results of Evaluations