



**FUNCTIONAL INFORMATION - Geriatric Rehab  
(cont'd)**

<b>Patient's Name:</b>			
<b>Transfers:</b>	<input type="checkbox"/> Independent <input type="checkbox"/> On bed rest	<input type="checkbox"/> Mechanical lift	<input type="checkbox"/> 2 person <input type="checkbox"/> 1 person <input type="checkbox"/> Supervision only
<b>Ambulation:</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Distance (specify) _____	<input type="checkbox"/> Non-ambulatory	<input type="checkbox"/> 2 person <input type="checkbox"/> 1 person <input type="checkbox"/> Supervision only
<b>Mobility aide:</b>	<input type="checkbox"/> Standard Walker <input type="checkbox"/> 2 Wheeled Walker	<input type="checkbox"/> Rollator <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Crutches
<b>Limbs:</b>	<input type="checkbox"/> Normal <input type="checkbox"/> U/E impairment <input type="checkbox"/> Other _____	<input type="checkbox"/> Left sided impairment <input type="checkbox"/> L/E impairment	<input type="checkbox"/> Right sided impairment <input type="checkbox"/> Impaired coordination <input type="checkbox"/> Bilateral impairment <input type="checkbox"/> Reduced strength
<b>Chair Sitting Tolerance:</b> Specify minutes: _____			
<b>Participation Level:</b> Specify: On average, patient is able to participate in _____ therapy sessions / day, _____ times / week for _____ minutes / session.			
<b>Communication:</b> Language expression: <input type="checkbox"/> Intact <input type="checkbox"/> Only able to express basic needs <input type="checkbox"/> Uses gesturing <input type="checkbox"/> Completely impaired Language comprehension: <input type="checkbox"/> Intact <input type="checkbox"/> Follows basic instructions <input type="checkbox"/> Impaired _____ Other comments: _____			
<b>Cognitive Status:</b>	Not Tested	Intact	Impaired
Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Memory (short term)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Memory (long term)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Carry-Over/New Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____
MMSE Score: _____	<input type="checkbox"/>	If did not/unable to complete, please explain: _____	
<b>Briefly describe the rehabilitation goals (Be specific — e.g. increased mobility, speech, community living skills, etc.)</b>			
PT Progress & Plan			
OT Progress & Plan			
SLP Progress & Plan			
<b>Form completed by:</b> (Include name/telephone/date)			