

Facility Documentation Update Form

Patient Name:						Admit Date:		
DOB:		Last Covered Day:		Facility:			Anticipated Discharge Date:	
FUNCTIONAL TASK	PRIOR LEVEL OF FUNCTION	CURRENT LEVEL OF FUNCTION (Assistance Needed)						COMMENTS
WALK/DISTANCE		Total	Max	Mod	Min	CG	Distance/Assist Device:	
		Supervision	Set up	Mod Ind	Ind	Not tested		
TRANSFERS		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
STAIRS		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
BED/CHAIR TRANSFERS		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
BED MOBILITY		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
WHEELCHAIR MOBILITY		Total	Max	Mod	Min	CG	Distance:	
		Supervision	Set up	Mod Ind	Ind	Not tested		
EATING		Total	Max	Mod	Min	CG	Diet:	
		Supervision	Set up	Mod Ind	Ind	Not tested		
GROOMING/BATHING		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
UE DRESSING		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
LE DRESSING		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
TOILETING/TOILET TRANSFER		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
SWALLOWING/SPEECH		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
COMPREHENSION/ORIENTATION		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
SAFETY AWARENESS		Total	Max	Mod	Min	CG		
		Supervision	Set up	Mod Ind	Ind	Not tested		
OTHER MODALITIES (e.g., restorator bike)		Total	Max	Mod	Min	CG	Rehab Potential: Poor	
		Supervision	Set up	Mod Ind	Ind	Not tested	Fair Good Excellent	
DME (in home/new needs – hospital bed, walker, rolator, W/C, BSC, shower chair, etc.)								
SLUMS*/BIMS†/DEPRESSION				WOUND Y N OTHER:				

Signature/Discipline		Date:	
DISCHARGE PLANS			
Caregiver/support system (available hours/days – home alone, spouse, adult child, etc.)			
SDoH‡ needs addressed/identified		Caregiver training initiated: Y N Date:	
		Barriers to Discharge:	
Anticipated home health needs: Wound care PT/OT/ST SN HHA			
Signature/Discipline		Date:	

*Saint Louis University Mental Status exam for detecting mild cognitive impairment and dementia

†Brief Interview for Mental Status used to assess cognitive status in elderly

‡Social Determinants of Health assessment used to determine patient's social risks and needs