

Name of Facility
Interdisciplinary Treatment Planning/Problem Identification Form

Date/ Initial	Patient Problem/Need	Disciplines Involved	Comments/Issues	Progress to Goals & Follow-up ***
	Discharge plans: DME/Assisted Living facility/SNF/Rehab/HH Special needs:			Met____ Not Met____ PC____ CP____
	Rehab Services: Gait training, Ambulation, A/PROM, Equipment teaching, Transfer training, Special Needs:			Met____ Not Met____ PC____ CP____
	Nutritional Services: Education, High risk evaluation, enteral Feeding/TPN/increased/decreased albumin. Food/Drug Interaction: Special Needs:			Met____ Not Met____ PC____ CP____
	Pharmacy: diagnosis referral/medication change/education needed/ indigent drugs/ drug interaction., pain management Special Needs:			Met____ Not Met____ PC____ CP____
	Nursing: Plan of care initiated and updated daily. Wound care, diabetic care, education needs, pain management Special Needs:			Met____ Not Met____ PC____ CP____

Disciplines Involved:
 PC=Pastoral Care
 NSG=Nursing
 RD=Dietary
 PH=Pharmacy
 CM=Case Management
 ** PC=Plan Change

SW=Social Worker
 ST=Speech Therapy
 PT=Physical Therapy
 OT=Occupational Therapy
 RT=Respiratory Therapy
 CP=Continue Plan

Name: _____
 Patient Number: _____
 Physician: _____
 Diagnosis: _____
 Procedures: _____
 Age: _____ Admit Date: _____

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	Counseling Needs: financial needs, Advanced Directive, DNR, Living Will, POA for Health care. Special Needs:			Met _____ Not Met _____ PC _____ CP _____
	Educational Needs: Medications, disease processes, equipment Special Needs:			Met _____ Not Met _____ PC _____ CP _____
	Other:			Met _____ Not Met _____ PC _____ CP _____

Plan of Care Reviewed with Patient/Family

Date: _____ Signature: _____

Decode Initials:

Initials: _____ Signature: _____

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