

**NORTHCOAST HEALTH CARE MANAGEMENT SERVICES  
PHYSICAL / OCCUPATIONAL THERAPY UPDATE FORM**

Provider: \_\_\_\_\_ Payor: \_\_\_\_\_

**PATIENT:** \_\_\_\_\_ Dates of Visits Since Last Auth: \_\_\_\_\_

Visit Classification:  Assessment  Ongoing  Discharge Discipline:  PT  OT

FUNCTIONAL LEVEL		
Initial Status Date: _____	GOALS	Updated Status Date _____
<b>RANGE OF MOTION</b> RUE: _____ RLE: _____ LUE: _____ LLE: _____	<b>RANGE OF MOTION</b> RUE: _____ RLE: _____ LUE: _____ LLE: _____	<b>RANGE OF MOTION</b> RUE: _____ RLE: _____ LUE: _____ LLE: _____
<b>STRENGTH</b> RUE: _____ RLE: _____ LUE: _____ LLE: _____	<b>STRENGTH</b> RUE: _____ RLE: _____ LUE: _____ LLE: _____	<b>STRENGTH</b> RUE: _____ RLE: _____ LUE: _____ LLE: _____
<b>AMBULATION</b> WB Status: _____ # of feet: _____ Assistive Device: _____ Amount of Assist: _____	<b>AMBULATION</b> WB Status: _____ # of feet: _____ Assistive Device: _____ Amount of Assist: _____	<b>AMBULATION</b> WB Status: _____ # of feet: _____ Assistive Device: _____ Amount of Assist: _____
<b>ADL's - Assist</b> Bathing: _____ Dressing: _____ Grooming: _____ Feeding: _____ Home Making: _____	<b>ADL's - Assist</b> Bathing: _____ Dressing: _____ Grooming: _____ Feeding: _____ Home Making: _____	<b>ADL's - Assist</b> Bathing: _____ Dressing: _____ Grooming: _____ Feeding: _____ Home Making: _____
<b>ENDURANCE:</b> _____	<b>ENDURANCE:</b> _____	<b>ENDURANCE:</b> _____
<b>BALANCE</b> Sitting: _____ Standing: _____ Dynamic: _____	<b>BALANCE</b> Sitting: _____ Standing: _____ Dynamic: _____	<b>BALANCE</b> Sitting: _____ Standing: _____ Dynamic: _____
<b>TRANSFERS</b> Sit/Stand: _____ Bed: _____ W/C: _____ Toilet: _____ Floor: _____ Auto: _____	<b>TRANSFERS</b> Sit/Stand: _____ Bed: _____ W/C: _____ Toilet: _____ Floor: _____ Auto: _____	<b>TRANSFERS</b> Sit/Stand: _____ Bed: _____ W/C: _____ Toilet: _____ Floor: _____ Auto: _____
<b>STAIRS</b> # stairs to enter/exit home: _____ Assistance needed: _____	<b>STAIRS</b> # stairs to enter/exit home: _____ Assistance needed: _____	<b>STAIRS</b> # stairs to enter/exit home: _____ Assistance needed: _____
<b>Other:</b> _____	<b>Other:</b> _____	<b>Other:</b> _____

Current Progress / Medical Update: \_\_\_\_\_

\*\*HOMEBOUND STATUS: \_\_\_\_\_

**PROJECTED PLAN OF CARE** # of Visits \_\_\_\_\_ wk \_\_\_\_\_  No further needs

Reason for visits: \_\_\_\_\_

**STATUS AT DISCHARGE**

- Goals Met \_\_\_\_\_  Goals not met due to: \_\_\_\_\_  
 Patient aware of discharge  MD notified of discharge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_