Care Plan Meeting Agenda

Patient Name: Date:

1. Patient's Primary Goal:

2. Functional Progress/ Current Status

PT

Bed Mobility
Transfers
Ambulation
Stairs

OT

Dressing
Bathing
Toileting
Toilet and Tub Transfers
Home making/Meal prep

ST

Swallowing status
Diet

Communication issues

Cognition issues

3. Anticipated DC Date if IDT has decided date:

4. Equipment needs for safe DC

5. Schedule date for Caregiver training:

6. Current Barriers to safe DC/ Concerns

Meeting Notes / Feedback