

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