

Complete this form and fax it to:
1-866-422-5120
Include hospital admission H&P and
any PM&R consultation notes. For
HMO members in a SNF, fax, signed/
dated NOMNC form prior to
discharge.

Rehabilitation Assessment Form

1. Assessment Type / Coverage	
Assessment Type: <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Reassessment	Plan: <input type="checkbox"/> MA-Core <input type="checkbox"/> MA-Choice
2. Member / Facility Information	
Member Name:	Authorization Number:
Age:	Facility Reviewer for Updates:
Contract Number:	Phone :
Admitting Facility:	Fax:
Admission Type: <input type="checkbox"/> SNF <input type="checkbox"/> IP Rehab	Team Conference Day:
3. Admission Information (Complete this section for the initial assessment only)	4. Clinical Information / Basics
Admission Date (Facility):	Vital Signs: T: P: R: BP:
Facility Doctor First and Last Name:	Cognition / A&O: <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x3
DX:	Bowel: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Ostomy
PMH:	Bladder: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Cath / Type:
PSH:	Diet: <input type="checkbox"/> NPO or <input type="checkbox"/> Type:
Height:	Tube Feeding: <input type="checkbox"/> Formula / Rate:
Weight:	O2 Delivery: Type: Sats:
Prior Level of Function (home):	Respiratory Tx: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Configuration: No. of Steps at Entry: Location of Bed: Location of Bath:	Trach: Type: Size:
	Suction Frequency/24H:
	Pain Location / Mgt:
5. Mobility Current Functioning (Use Key in Section #11)	6. Clinical Information / Medications
Bed Mobility:	IV Medications, with ending dates:
Transfers:	
Gait / Distance:	
Assist Level:	Vascular Access:
Assistive Device: <input type="checkbox"/> None or <input type="checkbox"/> Type:	

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Stairs / Ascending, descending: <input type="checkbox"/> Not applicable or Assist needed: No. of stairs: Handrails: Assist needed:	Significant Medications that affect functioning:
WC Mobility: Distance: Assist Needed:	
7. Self-Care Current Functioning (Use Key in Section #11)	8. Clinical Information / Skin Status
Feeding:	Skin Status: <input type="checkbox"/> Intact If not intact, complete fields below and add pages as needed.
Grooming:	
Bathing / UE: LE:	Wound or incision / Location 1 – Stage:
Dressing / UE: LE:	Size: L x W x D (cm): Treatment:
Toileting / Hygiene Mgt:	
ADL Transfers:	Wound or incision / Location 2 – Stage: Size: L x W x D (cm): Treatment:
Comments:	
9. Speech Therapy Current Status	10. Discharge (D/C) Plans
<input type="checkbox"/> None or <input type="checkbox"/> Dysphagia Eval. / Modified Barium Swallow Results / Aspiration Risk / Recommendations:	D/C Date (Tentative):
	D/C with: <input type="checkbox"/> HHC Provider: <input type="checkbox"/> OP Provider:
	D/C Equipment (Prior Auth Required*):
	D/C Destination:
	Member to live with:
11. *Key for Mobility and Self-Care Functioning:	Supervision Needs:
I = Independent	
MI = Modified Independent	
Sup = Supervision	
SBA = Standby Assist	
CGA = Contact Guard Assist	D/C Goals:
Min = Minimal	
Mod = Moderate	
Max = Maximum	
Total = Total Assist	

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Member Name:	Admitting Facility:
Contract Number:	Today's Date:

12. Additional Notes

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