

REHABILITATION/RESTORATIVE SERVICE DELIVERY RECORD

Discipline(s)_____

POC Problem(s) _____ Month _____ Year _____

INSTRUCTIONS: Provide detailed, individualized description of Intervention/Modality per POC. Record treatment time (in minutes) in top portion of box and initial in lower portion. Identify initials by signature at bottom. If scheduled treatment not provided, record: **"R"** if resident refused treatment, **"H"** if treatment was withheld (document reason on the reverse), or **"A"** if resident was away from facility. Record additional Notes/Observations/Progress on the reverse as needed.

INTERVENTION/ MODALITY PER POC		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

REHABILITATION/RESTORATIVE SERVICE DELIVERY RECORD

[illegible]

SUMMARY NOTE

Restorative Coordinator Signature/Title: _____ Date: _____

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed
