

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

**Rehabilitation Communication Form**

Patient Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Subjective:**

Patient reports \_\_\_\_\_% overall improvement and a \_\_\_\_\_ better, \_\_\_\_\_ worse ability to perform the following job duties: \_\_\_\_\_

The patient \_\_\_\_\_ has, \_\_\_\_\_ has not been compliant with rehabilitation visits and has given \_\_\_\_\_ minimal, moderate, \_\_\_\_\_ maximal effort during rehabilitation. Patient has missed \_\_\_\_\_ visit(s) in rehabilitation.

	<b>Objective:</b>	Initial Evaluation Measurements			
Range of Motion		o	o	o	o
		o	o	o	o
		o	o	o	o
		o	o	o	o
		o	o	o	o
Manual Muscle Test		/ 5	/ 5	/ 5	/ 5
		/ 5	/ 5	/ 5	/ 5
		/ 5	/ 5	/ 5	/ 5
		/ 5	/ 5	/ 5	/ 5
		/ 5	/ 5	/ 5	/ 5

**Other objective findings:**

Patient was given the \_\_\_\_\_ scoring \_\_\_\_\_, which shows low, medium, high functional ability.

We discussed results of the \_\_\_\_\_ and the patient understands we will be following their functional progress using the \_\_\_\_\_. We discussed an appropriate progression in function and then we created functional goals. We will continue to monitor the patient's function, and progress the plan of care using the \_\_\_\_\_. The patient and I agreed on the following functional goals:

(specific, functional, measurable, time frame)

- 1) \_\_\_\_\_ (% achieved \_\_\_\_)
- 2) \_\_\_\_\_ (% achieved \_\_\_\_)
- 3) \_\_\_\_\_ (% achieved \_\_\_\_)
- 4) \_\_\_\_\_ (% achieved \_\_\_\_)

**Assessment:**

**Plan:**

PT or OT Signature: \_\_\_\_\_

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