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.

| | **Objective:** | Initial Evaluation Measurements | *[Date]* | *[Date]* | *[Date]* |
|---|---|---|---|---|---|
| | | | | | |
| Range of Motion | *[Joint Motion (ie. Shoulder Flexion)]* | ° | ° | ° | ° |
| | *[Joint Motion]* | ° | ° | ° | ° |
| | *[Joint Motion]* | ° | ° | ° | ° |
| | *[Joint Motion]* | ° | ° | ° | ° |
| | *[Joint Motion]* | ° | ° | ° | ° |
| | | | | | |
| Manual Muscle Test | *[Motion or Muscle (ie. Shoulder Flexion)]* | / 5 | / 5 | / 5 | / 5 |
| | *[Motion or Muscle]* | / 5 | / 5 | / 5 | / 5 |
| | *[Motion or Muscle]* | / 5 | / 5 | / 5 | / 5 |
| | *[Motion or Muscle]* | / 5 | / 5 | / 5 | / 5 |
| | *[Motion or Muscle]* | / 5 | / 5 | / 5 | / 5 |
| *[Name of Functional Outcomes Tool (ie. Oswestry)]* | | *[Score]* | *[Score]* | *[Score]* | *[Score]* |

**Other objective findings:**

Patient was given the *[Name of Functional Outcomes Tool]* scoring _____, which shows ☐ low, ☐ medium, ☐ high functional ability.

We discussed results of the *[Name of Functional Outcomes Tool]* and the patient understands we will be following their functional progress using the *[Name of Functional Outcomes Tool]*. 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 *[Name of Functional Outcomes Tool]*. 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: _____