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| **Occupational Therapy Discharge Summary & Plan** | **Surname:**  **Given Name:**  **DOB:**  **Sex:**  **Address:** |

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| Diagnosis: Discharge Form |
| Relevant medical history  **Occupational Therapy Discharge Form** |
| Social History including employment |
| Client’s goals |
| Current performance in relevant occupations |
| Identified issues and proposed solutions/recommendations preferably in SMART goal format |
| Therapist |

