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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 |

![C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg]()