

Health First Health Plans



6450 US Highway 1, Rockledge, FL 32955

Skilled Nursing Therapy Team Update

Phone: 321-434-5665 or 800-716-7737
 Fax: 321-434-4271

DATE:				
WEEK:	ADMIT/INIT	WEEK 2	WEEK 3	D/C LEVEL
BED MOB				
ROLLING				
SIT/SUPINE				
SUPINE/SIT				
SCOOT				
TRANSFERS				
BED MOB				
CHAIR				
AMBULATION				
GAIT				
DISTANCE				
DEVICE				
WT BEARING				
CURBS				
SITTING/DYN				
STAND/DYN				
ADL'S				
SAFETY				
SHOWER/TUB				
DRESSING				
UB				
LB				
BATHING				
UB				
LB				
GROOMING				
FEEDING				
TOILETING				
TRANSFERS				
SPEECH				
DIET TEXTURE				
COGNITION				
PROBLEM SOLV.				
MEMORY				
KEY FOR AMOUNT OF ASSISTANCE REQUIRED				
IND = Independent	SU = Set Up	CG = Contact Guard	MOD = 26-50%	DEP = Dependent
MOD I = Modified Independent	SVP = Supervision	Min = 25% or less	Max = 51-75%	NT = Not Tested