CONNECTICUT VALLEY HOSPITAL PHYSICAL THERAPY SERVICES STANDARD COMPLIANCE REVIEW FORM

[] General Psychiatry Division Patient Name:

[] Addiction Services Division

[] Whiting Forensic Division Date:

Reviewer: Susan Dearborn PTS

Unit:

MPI#:

#	ASSESSMENTS	YES	NO	N/A
1	Physical Therapy Assessment completed within 3 working days of M.D. order. Detox Unit within 24 hours. Post Fall Assessments within 24 hours of receiving CVH Form #575. Fall Risk Assessment within 48 hours of receiving CVH Form #575. Physical Therapy Reassessment completed within one year (15 days prior to annual date) from Initial Physical Therapy Evaluation and annually thereafter.			
2	Aspects of evaluation appropriate to patient's condition. Evaluation chosen appropriate to patient's needs. Documentation complies with hospital standards. Abbreviations used comply with the hospital-approved list. All parts of the evaluation form have been completed.			

#	Progress Notes	YES	NO	N/A
1	Aspects of monthly note appropriate to patient's conditions and			
	needs. Documentation complies with hospital standards, including			
	abbreviations and legibility. All parts of the treatment log form			
	have been completed.			
2	Goals are objective and measurable.			
3	Note denotes patient's involvement in treatment – education,			
	problems, etc.			
4	Note completed monthly.			
Comments:				
Therapist/Corrective Action:				

#	Discharge Notes	YES	NO	N/A	
1	Aspects of discharge note appropriate to patient's conditions and needs. Documentation complies with hospital standards, including abbreviations and legibility. All parts of the treatment log form have been completed.				
2	Note denotes patient's involvement in treatment – education, problems, etc.				
3	Note completed within 15 days of discharge from CVH or discontinuation of Physical Therapy Services.				
4	Note denotes aftercare plans, if appropriate.				
Comments:					
Therapist/Corrective Action:					