WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

LEAN Rehabilitation Team Data Collection

May, June, July 2011

Pt. Name: _____

Date of Admission:_____ **Age:** _____

Diagnosis: _____

	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	TOTAL	Grand Total
Occupational Therapy																												
Self Care Program (.75)																												
O.T. 1:1 (1.0)																												
Evening hand coord Kit (0.5)																												
Upper Extremity (1.0)																												
Physio Therapy																												
Lower Circiut (1.0)																												
Sit / Stand (0.5)																												
Ambulation (1.0)																												
P.T. 1:1 (1.0)																												
Evening self exer. (0.5)																												
Speech Therapy																												
Feeding Group (0.5)																												
Pragmatics / Social (1.0)																												
Speech Therapy 1:1 (1.0)																												
Speech Therapy 1:1 (0.5)																												
Evening self exer. (0.5)																												
Recreation Therapy																												
Group or 1:1 (1.0)																												
Group or 1:1 (0.5)																												
Nutrition																												
Nutrition Group (0.5)																												
Nutirition Care 1:1 (0.5)																												
Social Work																												
S.W. 1:1 therapy (1.0)																												
S.W. 1:1 therapy (0.5)																												
Neuropsychologist																												
Coping class (0.5)																												
1:1 Therapy (1.0)																												
1:1 Therapy (0.5)																												
Nursing																												
Education 1:1 (0.5)																												
Rehab. Activities (0.25)																												
Rehab. Activities (0.5)																												