

AFFIX LABEL

INTERDISCIPLINARY PLAN OF CARE

Date:
Date: Treatment Plan:
Diagnostic Plan:
Goals:
Disciplines Involved (check all appropriate boxes): ☐ Nurse ☐ Physician ☐ Social Worker ☐ Dietitian ☐ Respiratory Therapist ☐ Pharmacist ☐ Physical Therapist
□ Occupational Therapist □ Speech Therapist □ Utilization Review □ Other
Print Name of Recorder Signature & Title of Recorder
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