SUNY DOWNSTATE Medical Center
University Hospital of Brooklyn

AFFIX LABEL

INTERDISCIPLINARY PLAN OF CARE

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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