

A subsidiary of Friends Life Care System

www.interventionassociates.org

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## Sample Follow-up Report

To: Name

Address

City, State, Zip

From: Name, Professional Care Manager

Client: Name

Address

City, State, Zip

Date: Date of Report

## SUMMARY OF CONTACTS AND SERVICES FOR (DATE):

On May 23, (client name) celebrated his 19th birthday at home with family, with the help of (name), Intervention Associates aide.

Physicians confirmed that his physical health remained stable within the confines of his disabilities. (Client name) was seen in the Cerebral Palsy Clinic, as well as by his hand surgeon and his primary physician. Each doctor made recommendations concerning treatment. (Name, client's mother) followed up by taking (client name) to occupational and physical therapists and by having stockings and splints made. The immobilizer was removed from his leg.

(Client name) attended high school with relatively good attendance, and notably went on a school trip to the circus. (Client name) was absent a few times because of poor sleep and leg discomfort. In April, the school bus driver refused transport after (client name)'s wheelchair leg rests were lost. In the interim, we rented a chair from Old's Medical Supply, who had already ordered new elevating leg rests, ankle positioners, etc. at the request of (client name)'s physical therapist. The equipment was delivered promptly. We helped (name, client's mother) purchase a Hoyer lift to transfer (client name) from bed to chair, and she has used it to her satisfaction. She also ordered a new tabletop/tray for his wheelchair. (Name), occupational therapist, assessed the home to determine what modifications could be made to facilitate (client name)'s care in view of his size and weight, and to ensure the safety of (client name) and his caregivers. After discussion of several options, the following were proposed and chosen with (name, client's mother)'s approval. We are recommending purchase of the following:

- 1. Scalamobil Portable Stair Climber
- 2. Construction of first floor bathroom
- 3. Upgraded electric service from 60 amp to 100 amp.
- 4. SureHands HandiMove Lift and Care System (see attached schematics and quotes).