Post-Discharge Outpatient Treatment Table

| **Type of Therapy or Rehabilitation‡[[1]](#endnote-1)** | **Therapy or Rehabilitation Frequency\*\*[[2]](#endnote-2)** | **Average. Duration of Therapy Session** | **Date/ Time of Initiation**(yyyy/m m/dd hh:m m) | **Date/ Time of Discontinuation**(yyyy/m m/dd hh:m m) | **Therapy or Rehabilitation Ongoing?** |
| --- | --- | --- | --- | --- | --- |
| TBD | TBD | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| TBD | TBD | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| TBD | TBD | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| TBD | TBD | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| TBD | TBD | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |
| TBD | TBD | Minutes | (yyyy/m m/dd hh:m m) 24-hour clock | (yyyy/m m/dd hh:m m) 24-hour clock | [ ]  Yes[ ] No[ ] Unknown |

1. ‡**Type of therapy/rehabilitation:** Out-patient rehabilitation; Non-specialized facility (in-patient); Specialized rehab center (in-patient); General rehab unit (in-patient); TBI rehabilitation unit (in-patient); General long term acute care unit (in-patient); Geriatric rehab unit (in-patient); Physical therapy; Occupational therapy; Speech therapy; Therapeutic recreation; Cognitive remediation; Vocational services; Psychological services; Nursing services; Comprehensive day treatment; Peer mentoring; Social work; Case management; Independent living training; Home health; Other, specify; Unknown [↑](#endnote-ref-1)
2. \*\***Therapy or rehabilitation frequency:** BID; BIS; QM; PRN; Q10H; Q11H; Q12H; Q13H; Q14H; Q15H; Q16H; Q17H; Q18H; Q19H; QH; Q20H; Q21H; Q22H; Q23H; Q24H; Q2H; Q3H; Q4H; Q5H; Q6H; Q7H; Q8H; Q9H; QOD; TID; TIS; Q4S; QID; QIS; Q3D; Q4D; Q3S; Q2M; Q3M; Q4M; ONCE; QS; Q5D; Q2S; BIM; INTERMITTENT; QD; OCCASIONAL; AD LIBITUM; 1 TIME PER WEEK; 2 TIMES PER YEAR; 3 TIMES PER MONTH; 3 TIMES PER YEAR; 4 TIMES PER MONTH; 4 TIMES PER YEAR; 5 TIMES PER DAY; 5 TIMES PER MONTH; 5 TIMES PER WEEK; 5 TIMES PER YEAR; 6 TIMES PER DAY; 6 TIMES PER MONTH; 6 TIMES PER WEEK; 6 TIMES PER YEAR; 7 TIMES PER WEEK; PA; Q6S; CONTINUOUS; OTHER; UNKNOWN [↑](#endnote-ref-2)