ASSIGNMENT TO MEDICAL TRANSITION COMPANY

1. Eats without assistance, can ambulate to and from dining facilities, and has means to obtain food evenings and weekends.	☐ YES ☐ NO
2 Dresses without assistance of any type.	☐ YES ☐ NO
3. Bathes without assistance of any type (includes baths and showers).	☐ YES ☐ NO
4. Transfers in and out of bed or chair without assistance from anyone (adaptive equipment may be considered on a case-by-case basis, and requires approval by physical and occupational therapy).	☐ YES ☐ NO
5. Goes to and from toilet and performs all associated personal hygiene without assistance from anyone.	☐ YES ☐ NO
6. Manages and controls bowel and bladder functions.	☐ YES ☐ NO
7. Does not pose a threat to self or others.	☐ YES ☐ NO
8. Comments	

Patient Identification *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; DOB; Rank/Grade.)*	Practitioner Name	
	Signature	Date
	Hospital or Medical Facility	