

**NORTH BAY GENERAL HOSPITAL
MCLAREN SITE**

PHYSICIAN ASSESSMENT AND REFERRAL FOR
INPATIENT REHABILITATION UNIT

DATE OF ADMISSION TO HOSPITAL:
DIAGNOSIS AT TIME OF ADMISSION:
MEDICAL HISTORY:
DIAGNOSIS AND TREATMENTS SINCE ADMISSION:
CURRENT MEDICAL STATUS:
OUTSTANDING PROBLEMS/GOALS:
PROGNOSIS:

PHYSICIAN'S NAME: _____ SIGNATURE: _____

ADDRESS: _____ DATE: _____

_____ PHONE #: _____