

# Rehabilitation Therapy Outline for Geriatric Care

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Patient ID:** [Insert Patient ID]

## Introduction

Brief overview of the patient's condition and reason for rehabilitation.

## Assessment

- Physical Assessment
- Cognitive Evaluation
- Emotional and Social Assessment

## Goals of Therapy

- Improve mobility and strength
- Enhance cognitive function
- Increase independence in daily activities

## Therapy Plan

1. **Physical Therapy:** Exercises for strength and balance.
2. **Occupational Therapy:** Activities to improve daily living skills.
3. **Cognitive Therapy:** Memory exercises and problem-solving tasks.

## Follow-Up

Scheduled follow-up appointments and progress evaluation.

## Conclusion

Summary of therapy plan and encouragement for patient's active participation.

**Therapist Name:** [Insert Therapist Name]

**License Number:** [Insert License Number]