

Rehabilitation Notebook

This book belongs to _____.

Please bring this book to all therapy sessions.

Hospital: _____

Service: _____

Physician: _____

Resident: _____



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

My Calendar

Month _____ Year _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Calendar

Month _____ Year _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About My Medical Course

This book is yours to help strengthen your memory as part of your care. We hope it helps you feel safe and comfortable during your stay with us. Your health care team will work with you to fill in each page of this book.

Where I am

Date of event: _____.

I am in the hospital because:

- _____.
- _____.

The name of the hospital I am in is: _____.

My room number is _____.

Other information: _____

My therapy team

Physical Therapy (PT): _____

PT works on strength, endurance, balance, transfers, walking and mobility.

Occupational Therapy (OT): _____

OT works on bathing, dressing, grooming, toileting, strength, endurance, hand and arm function, vision and thinking skills.

Speech Therapy (SLP): _____

SLP works on swallowing function, speech and language skills, and thinking skills, such as attention, memory, problem solving and organization.

Recreational Therapy (RT): _____

RT works on community re-entry, return to leisure and adaptive recreation.

You may also work with these team members during your stay:

Rehab psychologist: _____

This psychologist specializes in understanding the relationship between the brain and behavior.

Social Worker: _____

Social workers help you to cope with illness and disabling conditions, including referrals to community agencies and services for support.

Case Manager: _____

Case managers work with your health care team to coordinate your care and treatment.

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Daily Log

Date: _____



Therapy and appointments	What did you do?

Questions for my healthcare team:

Rehabilitation Medicine Record

Month: _____

Medicine name, use, dose and comments	Time of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Mark an "X" in the box when you take each medicine.

Rehabilitation Medicine Record

Month: _____

Medicine name, use, dose and comments	Time of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Mark an "X" in the box when you take each medicine.

Rehabilitation Medicine Record

Month: _____

Medicine name, use, dose and comments	Time of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

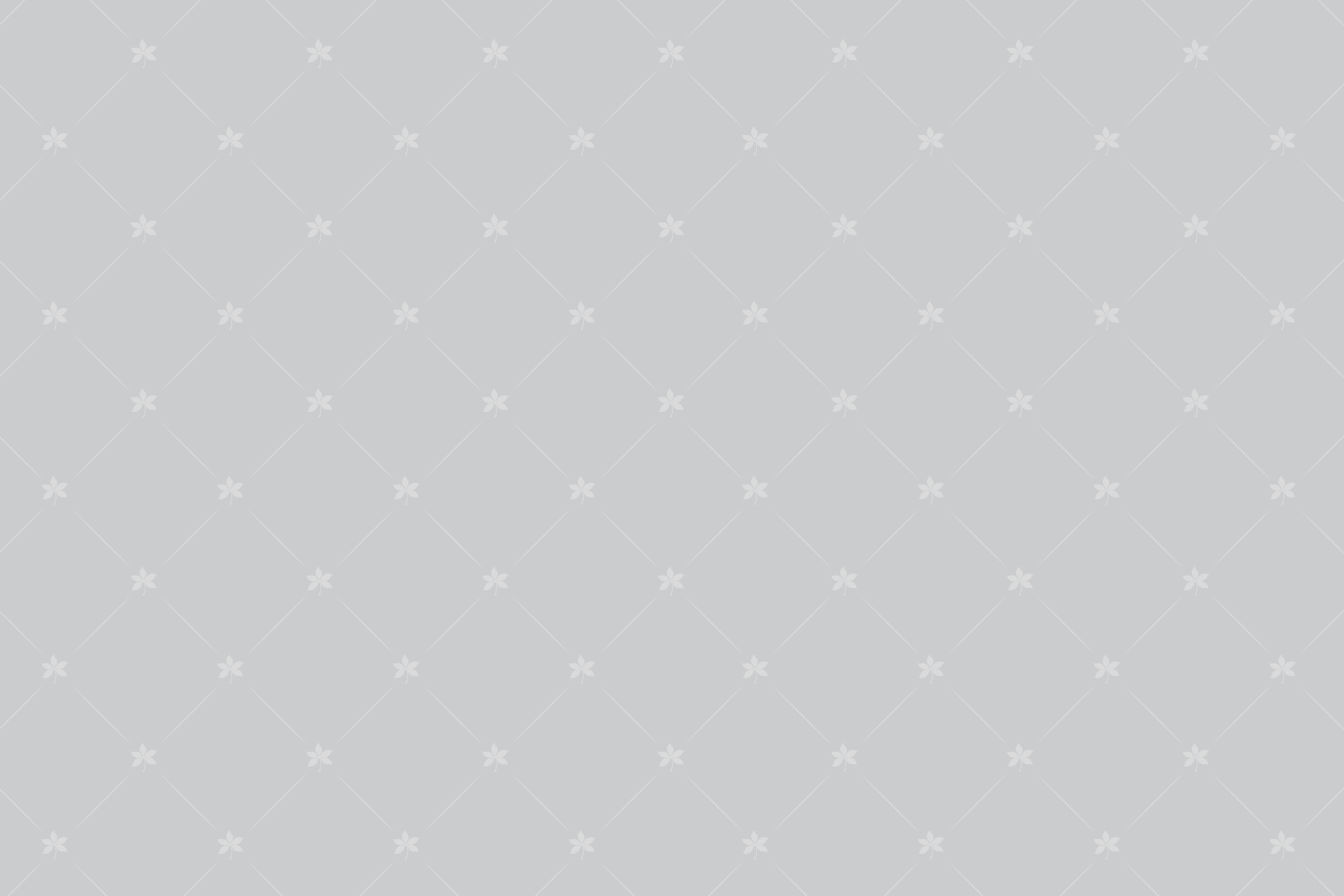
Mark an "X" in the box when you take each medicine.

Rehabilitation Medicine Record

Month: _____

Medicine name, use, dose and comments	Time of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Mark an "X" in the box when you take each medicine.



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

wexnermedical.osu.edu

For a copy of this book, please visit go.osu.edu/pted3357.

© 2014 – January 28, 2026, The Ohio State University Wexner Medical Center