康复训练小结

姓名\_\_\_\_\_\_\_\_\_\_\_ 性别\_\_\_\_\_\_\_\_\_\_\_\_\_ 年龄\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 诊断\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

房号\_\_\_\_\_\_\_\_\_\_\_ 床号\_\_\_\_\_\_\_\_\_\_\_\_\_ 开始日期\_\_\_\_\_\_\_\_\_\_ 结束日期\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

康复时主要问题：

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治疗训练经过：

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目前反应及今后意见：

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以后康复目标：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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康复师签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

年 月 日