



RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

ATTACHMENT A
Policy No. 316
January 2020

COMMUNITY OUTING INFORMATION

Destination:			
Destination Phone #:		Pickup Time:	
Date:		Estimated Return Time:	
Therapists Name:	Title	Discipline	Staff Cell Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Names of Volunteers and Peer Mentors, if present:			
1.			
2.			
3.			
4.			
5.			
Patient's Name	MD Name	Nursing Unit & Team	Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			