

# ICE *Case Study*

ICE LEARNING CENTER Medical Record			Patient Name: Patient ID #: Age:
Admit Date	Admitting Physician	Family / Caregiver	Admitting Diagnosis
Date of Onset	Employment Status	Employer / Occupation	Treatment Diagnosis
Medications		Insurance	Secondary Diagnoses
History of Current Condition / Surgery			
Precautions			
Past Medical / Surgical History			
Prior Level of Function			
Home Situation / DME			