



**Physical Therapy Visit Note/  
Progress Report**

Patient/Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Current Function Limitations: \_\_\_\_\_

Initial Eval/Reeval/Assessment	for limitations	Moist Heat/Whirlpool	for Realign			
Dr. Contact - Call/Letter		Massage				
Team Conference		Ultrasound				
Home Exercise Program		Electrical Stimulation				
Written Instructions/Materials Given						
ADL Instruction		Neuromuscular Fac/Re-ed				
Transfer Instruction		Williams Flexion Ex.				
To & From Bed		Balance/Coordination Ex.				
To & From W/C - Chair		Pendulum/Condman's Ex.				
To & From BSC/Commode		Berger-Allen Ex.				
To & From Shower/Tub		Postural Drainage/Cupping				
To & From Auto		Breathing Ex.				
On & Off Floor		Extremity	RU	RL	LU	LL
Gait Training		Passive ROM				
With Crutches/Walker		A/A ROM				
With Walkcane/STR. Cane		Active ROM				
On Level/Uneven Surface		Pre ROM				
On Steps/Incline		Initial/Disc. Assessment				
Prostatic Eval. & Inst.		Instructions Given to Aide				
Orthotic Eval. & Inst.		Reevaluation				
Ace/Stump Wrapping Inst.		Plans/Goals				
PT Response to Care						

Skilled Physical Therapy Notes

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

*Patient/Designee: I certify that the Matrix Home Care Employee listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this time slip.*

Patient/Client Signature: \_\_\_\_\_

PT Name (Print): \_\_\_\_\_ PT Signature: \_\_\_\_\_