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PHYSICAL THERAPY PROGRESS NOTE

PATIENT NAME _____

MEDICAL RECORD NUMBER _____

VISIT DATE	TIME IN	<input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OUT	<input type="checkbox"/> AM <input type="checkbox"/> PM
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DIAGNOSIS _____

CHANGES IN MEDICATIONS	FALLS SINCE PREVIOUS VISIT
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CHANGE IN STATUS OR ENVIRONMENT _____

VITAL SIGNS
 BP _____ HR _____ RR _____ O2 SAT LEVELS _____ REST ACTIVITY POST ACTIVITY

Bed Mobility _____

Transfers _____

Gait _____

Stair Mobility _____

Balance _____

Activity Tolerance _____

Edema _____

Pain _____

Therapeutic Exercises _____

Wheelchair Mobility _____

RESPONSE TO INTERVENTIONS:

**PHYSICAL THERAPY
PROGRESS NOTE**

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EDUCATION/TRAINING COMPLETED:

RESPONSE TO EDUCATION/TRAINING:

Physician Notification

Supervisor Notification

Barriers/Risks

Homebound status

Review of POC/Goal Progression

Plan for Next Visit

HME cleaned per company policy

COMMENTS:

SIGNATURE/CREDENTIALS AND DATE _____

PATIENT AND/OR FAMILY/CAREGIVER SIGNATURE _____