

Physical Therapy Visit Note/ Progress Report

Patient/Client Name: _____ Date: _____

Diagnosis: _____ Date of Onset: _____

Current Function Limitations: _____

Initial Eval/Reeval/Assessment	<small>4for limitations</small>	Moist Heat/Whirlpool					<small>4for limitations</small>
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: _____