Form No.: HIM-PMR-A17



PATIENT'S INFORMATION (Please Stick Label)

INPATIENT PROGRESS NOTES, PHYSICIAN'S ORDER & CARE PLAN **Progress Notes** Date & Signature, Name, Physician's Order Document individual Care Plan in the form of Measurable Goals Time Date & Time e.g. Aim to lower systolic blood pressure to 130mm Hg S/B Physiotherapist Diagnosis (Initial Ax)/ POD: Social/Family Hx (Initial Ax): Observation: Vital Sign: NA / HR: _____, BP: _____, Spo2: ___ RR: ____ Patient Complaint: Pain Assessment: NRS / WBFS / Categorical / FLACC / CPOT Rest: ____/ ____ Activity: ____/ ___ Location: Aggravating Factor: Nature: Constant / intermittent/ occasionally Breathing Pattern: Chest Expansion: NA /Poor /Fair /Good IS values: _____ ml Cough: NA / Effective / Ineffective Productive / Non-Productive Secretion: ROM: Right Left Upper Limbs: Lower Limbs: Muscle Power Right Left Upper Limbs: Lower Limbs: Effective Date: 18 Jun 2021

Revision 1. Effective Date: 15 April 2021

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INPATIENT PROGRESS NOTES, PHYSICIAN'S ORDER & CARE PLAN **Progress Notes** Date & Signature, Name, Physician's Order Document individual Care Plan in the form of Measurable Goals Time Date & Time e.g. Aim to lower systolic blood pressure to 130mm Hg Others: Functional Status Score: Done / Not Applicable 7 1. Rolling 7 2. Supine to sitting 7 3. Sitting unsupported 7 4. Sit to stand 5. Ambulation 7 Total Score: ___ 35 30 Second Sit to stand: _____ times / Not Applicable Ambulation / 6MWT: _____ meter/ Not Applicable Analysis: Goals: Treatments: Effective Date: 18 Jun 2021

levision 1. Effective Date: 15 April 2021