

DOB:		PHYSICAL THERAPY - PROGRESS NOTE				Time In/out: 12:00-12:00 AM				
Patient Name: 101 101		Medicaid T #: 12123		Medical Rec#:						
Primary Dx: This is a Primary Diagnos		Dx Date: 07-21-2016		SOC: 05-01-2016		<input checked="" type="checkbox"/> Recertif.				
Therapy Dx: Therapy Diagnosis		Dx Date: 07-22-2016		From: 10-13-2019		To: 12-11-2019				
Physician: ALFREDO LASSERRE, MD		Clinician: Ruben Neira								
VITAL SIGNS BP: <u>424</u> T: <u>24</u> Resp/O2 Sat%: <u>424</u> P: <u>234</u> Billable <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Mileage:										
FUNCTIONAL ACTIVITY		ASSISTANCE LEVEL CONTACT								NOTES
		Max A	Mod A	Min A	Guard	SBA-SUP	Mod-I	I	N/A	
TRANSFERS										
Sit to Stand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Standing Pivot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower/Tub		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAIT TRAINING										
Rolling walker		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walker		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quad Cane / Cane		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No Device		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BED MOBILITY										
Supine to Sit		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	234324
Rolling		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scooting		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WHEELCHAIR MOBILITY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REASON HOMEBOUND: <input type="checkbox"/> Bedbound/Chair/Wheelchair bound <input type="checkbox"/> Requires assistive device <input type="checkbox"/> Poor endurance <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Fatigue <input type="checkbox"/> Severe disabling pain <input type="checkbox"/> Needs assistance to leave the house safely										
SUBJECTIVE: puro chile es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puro										
Pain Level: 3 [Range 0-10] Modification of Pain: <u>dasd</u> Time since pain meds taken: <u>dasd</u> Location: <u>dsad</u>										
<input type="checkbox"/> N/A MODALITIES <u>sadsadsa</u>					<input type="checkbox"/> N/A BALANCE RETRAINING <u>adasdsa</u>					
EDUCATION / TRANING <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Body Mechanics <input type="checkbox"/> Positioning/Turning <input type="checkbox"/> Hip/Knee/Back Precautions <input type="checkbox"/> Falls Precautions <input type="checkbox"/> Pain <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Safety Measures <input type="checkbox"/> HEP <input type="checkbox"/> Other					THERAPEUTIC EXERCISES 					
RESPONSE TO INSTRUCTIONS <input type="checkbox"/> Needs further instruction <input type="checkbox"/> Able to perform procedure <input type="checkbox"/> Repeats instructions completely and accurately <input type="checkbox"/> Verbalizes understanding but hesitant to put into practice <u>dsfdfdsf</u>					ROM Exer for UEs <input type="checkbox"/> LEs <input type="checkbox"/> <u>4</u> Ex <u>243</u> Reps <u>0</u> Set(s) Stren. NA: <input checked="" type="checkbox"/>					
COORDINATION OF CARE <input type="checkbox"/> MD <input type="checkbox"/> RN <input checked="" type="checkbox"/> LVN <input type="checkbox"/> Aide <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> Pt/CG <input type="checkbox"/> Team Leader <input type="checkbox"/> Other					GAIT puro chile es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielopuro					
ASSESSMENT / PROGRESS RELATED TO PATIENT'S GOALS puro chile es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puro puro chile es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puro puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo ysfugasdg f fafg jkafjafa sdkjfas f ahf aa azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puro puro chile es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puro puro chile +										
D/C PLANNING/PLAN <input type="checkbox"/> Continues to progress towards goals <input type="checkbox"/> 5-day notification of discharge given <input type="checkbox"/> Other: <u>dfdfdsfds</u>										

DOB:	PHYSICAL THERAPY - PROGRESS NOTE	Time In/out: 12:00-12:00 AM
Patient Name: 101 101 Primary Dx: This is a Primary Diagnos Therapy Dx: Therapy Diagnosis Physician: ALFREDO LASSERRE, MD	Medicaid T #: 12123 Dx Date: 07-21-2016 Dx Date: 07-22-2016 Clinician: Ruben Neira	Medical Rec#: SOC: 05-01-2016 From: 10-13-2019 <input checked="" type="checkbox"/> Recertif. To: 12-11-2019
Continuation		
ASSESSMENT / PROGRESS RELATED TO PATIENT'S GOALS: es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puropuro chile es tu cielo azula puras brizas te cruzan tambien puro chile es tu cielo azula puras brizas te cruzan tambienpuro chile es tu cielo azula puras brizas te cruzan tambien puro		
Addendum		
sfsdf		

Therapist Signature: _____ Date _____

Supervisor Therapist: Ruben Neira