

THERAPY NOTES

Physical Therapy / Treatment Documentation

Patient Information

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|------------------|-------------------|
| Patient Name: | ■■■■■■■■ ■■■■■■■■ |
| Date of Birth: | XX/XX/XXXX |
| MRN: | XXXXXX |
| Date of Service: | [Date] |

Subjective: Patient reports symptoms and functional limitations. Pain level documented.

Objective: Range of motion, strength, and functional status assessed.

Treatment Provided: Therapeutic exercises, manual therapy, patient education.

Assessment: Patient demonstrates progress. Tolerates treatment well.

Plan: Continue current treatment. Progress exercises as tolerated.

Placeholder document for demonstration purposes - Replace with actual therapy notes