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## PHYSICAL THERAPY PROGRESS NOTES

Name of the Patient

Case No

Date Of Accident

Insurance Company

Date

Claim Number

Precautions

Patient's signature

Patient complaints

Treatment	Initial Visit-PT	Initial Evaluation of New patient	PT Eval
	Cold pack	Electrical Muscle Stimulation	Therapeutic Exercise
	Hot pack	Ultra Sound	Myofascial Release
	TENS	Therapeutic Massage	Paraffin Bath
	Balance Coord Postur	Removal of devitalized tissues	
Objective	Patient states condition is the same		
	Patient states little improvement in condition		
	Patient states much improvement in condition		
Assessment	Patient tolerated maximum level		
	Other comments		
Plan	Continue/Progress therapy as prescribed		
	Other comments		
Therapist's Signature			