

Therapy Encounter Form

Agility Health Physical Therapy - Agility Health - Battle Creek
710 North Ave

Battle Creek, MI 490173258

Therapist: Arlene Buenvenida

Total Time: _____ 1:1 Time: _____

Supplies/Other Charges: _____

| | |
|--|------------------------|
| Patient: _____ | Visit Date: 02/28/2013 |
| D.O.B.: _____ | Visit Time: 9:00 AM |
| Ref. Prov: _____ | Ref. Exp: 03/30/2013 |
| Inj. Date: _____ | Ref. Date: 02/28/2013 |
| Dx: 723.4 \Brachial neuritis or radiculitis nos, 726.0 Adhesive capsulitis | |
| Insurance Coverage | |
| Plan: _____ | |
| Group: COFINITY | Cap Amount: |
| Prev. Visits: 5 | Authorized Start Date: |
| Authorized: | End Date: |

| Patient Balance | Current: | \$0.00 | 30+: | \$0.00 | 60+: | \$0.00 |
|-----------------|----------|--------|------|--------|------|--------|
|-----------------|----------|--------|------|--------|------|--------|

| Min.. | 8-22 | 23-37 | 38-52 | 53-67 | 68-82 |
|-------|------|-------|-------|-------|-------|
| Units | 1 | 2 | 3 | 4 | 5 |
| Min. | 0-15 | 15-30 | 30-45 | 45-60 | |
| Units | 1 | 2 | 3 | 4 | |

Subjective Patient Reports: _____

Pain Level: _____

Functional Status (as relates to goals): _____

Objective: See Other Document RE: Today's Treatment: Eval Form[] RX/Exer Log[]
Narrative Note[] Other []

ROM/MMT/Other: _____

Assessment/Change in Goals: _____

Plan/Reason to Continue Skilled Rehab: _____

| Units | Code | Description |
|-------|------|-------------|
| | | |
| | | |
| | | |
| | | |

| Units | Code | Description |
|-------|-----------------|-----------------------|
| | 97001 | PT Eval |
| | 97002 | PT RE-Eval |
| | 97110 | Therapeutic Ex. |
| | 97140 | Manual Therapy |
| | 97112 | Neuro. Re-Ed |
| | 97113 | Aquatic Therapy |
| | 97116 | Gait Training |
| | 97150 | Group Exercise |
| | 97761 | Prosthetic Trn. |
| | 97530 | Functional Ex. |
| | 97750 | Func. Cap. Test |
| | 97760 | Orthotic Trn. |
| | 97010 | Hot/Cold Pack IM |
| | 97012 | Traction-Mech |
| | 97014 | E-Stim (Unattended) |
| | G0283 | E-Stim (For MCR only) |
| | 64550 | TENS Unit Application |
| | 97032 | E-Stim Manual |
| | 97033 | Iontophoresis |
| | 97035 | Ultrasounds/Phone |
| | 99070/ A4649 | Misc. |
| | 97535 | Self Care/Home Mgmt |
| | 97003 | OT Eval |
| | 97004 | OT Re-eval |
| | | |

Therapist

Date

PTA

Date