Templates for EMR

EVALUATION/RE-EVALUATION TEMPLATE

Client Information	Name Date of Birth Contact Information Insurance Details Diagnosis/ICD 10 Code(s) Treatment/Rehab Diagnosis/ICD 10 Code(s) Referring Physician
Session Details	Evaluation Date and Time of Service Service duration
Subjective Notes	History Occupational Profile Client's Account of Current Status Complaints or Concerns Pain Level Functional Impact
Objective Notes	Patient/Caregiver understanding and consent Observations Measurement (Vital Signs, ROM, Strength, Coordination, Sensation, Balance, Posture) Functional Mobility ADLs/IADLs Assistive devices used Outcome Measures
Assessment	Problem Statement Assessment Contraindications Potential for Rehabilitation: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Goals	Long-Term and Short-Term Goals
Plan	Detailed Plan of Care Discharge Recommendations Follow-up Instructions

Recommended Frequency & Duration	Number of sessions per week for a set number of weeks
Next Visit Plan	Details for Future Sessions
Billing Information	Treatment Codes and Number of Units Codes for specific interventions
Signatures:	Therapist Name & Credentials Date Supervising Therapist (if applicable)

TREATMENT TEMPLATE

Client Information	Name Date of Birth Contact Information Insurance Details Diagnosis/ICD 10 Code(s) Treatment/Rehab Diagnosis/ICD 10 Code(s) Referring Physician
Session Details	Date and Time of Service Date and Time of Service Service duration
Subjective Notes	Client's Account of Current Status Complaints or Concerns Pain Level Functional Impact
Objective Notes	Patient/Caregiver understanding and consent Observations Measurement (Vital Signs, ROM, Strength, Coordination, Sensation, Balance, Posture) Functional Mobility ADLs/IADLs Assistive devices used
Assessment	Problem Statement Summary of Intervention Progress Toward Goals: ☐ Improved ☐ No Change ☐ Regression

Goals	Long-Term and Short-Term Goals Status (Met, Not Met, Adequate for Discharge)
Plan	Detailed Plan of Care Discharge Recommendations Follow-up Instructions
Patient Education Provided	Home Exercise Program (HEP) Safety Recommendations Adaptive Strategies Caregiver Education
Recommended Frequency & Duration	Number of sessions per week for a set number of weeks
Next Visit Plan	Details for Future Sessions
Billing Information	Treatment Codes and Number of Units Codes for specific interventions
Signatures:	Therapist Name & Credentials Date Supervising Therapist (if applicable)

DISCHARGE TEMPLATE

Client Information	Name Date of Birth Contact Information Insurance Details Diagnosis/ICD 10 Code(s) Treatment/Rehab Diagnosis/ICD 10 Code(s) Referring Physician
Session Details	Date and Time of Service Date and Time of Service Service duration
Subjective Notes	History Occupational Profile Client's Account of Current Status Complaints or Concerns Pain Level

	Functional Impact
Objective Notes	Patient/Caregiver understanding and consent Observations Measurement (Vital Signs, ROM, Strength, Coordination, Sensation, Balance, Posture) Functional Mobility ADLs/IADLs Assistive devices used
Assessment	Problem Statement Summary of Intervention Progress Toward Goals: ☐ Improved ☐ No Change ☐ Regression
Goals	Long-Term and Short-Term Goals Status (Met, Not Met, Adequate for Discharge)
Plan	Discharge Recommendations Follow-up Instructions
Patient Education Provided	Home Exercise Program (HEP) Safety Recommendations Adaptive Strategies Caregiver Education
Billing Information	Treatment Codes and Number of Units Codes for specific interventions
Discharge Criteria	Status at time of discharge Reason for Discharge (mark all that apply) • The client has achieved the goals established at initial evaluation. • The client's progress is adequate for discharge from skilled intervention. • The client has achieved the maximum benefit from skilled intervention (i.e. no further progress is anticipated). • The client desires not to continue with skilled intervention. • The client is no longer able to participate in skilled intervention. • Custom – space to write in

Signatures:	Therapist Name & Credentials Date Supervising Therapist (if applicable)