Home Care
Physical Therapy Progress Note

.

Time In: _____ Time Out: _____ Visit Date: _____

Agency: _____ Patient Signature: _____

Patient Name: _____ Homebound Status: _____

Subjective:

Objective:

Mental Status: □ Oriented □ Forgetful □ Disoriented □ Agitated □ Comatose □ Depressed □ Lethargic

Therapeutic Exercise:

_____

_____

_____

Balance Training:

_____

_____

Transfer Training:

_____

_____

Deviations/ Correction:

_____

Bed Mobility Training:

_____

_____

Deviations/Correction: _____

Gait Training/Wheelchair Mobility Training

_____

_____

Pain: _____

Other: _____

_____

Instructions: □ Patient □ Caregiver □ Patient/Caregiver On □ Safety □ Proper Positioning □ Deep Breathing □ Proper Modality Use □ HEP □ Postural corrections

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Outcome/Progression toward goal: _____

_____

_____

Plan: _____

D/C plans discussed with: □ Patient □ Caregiver □ Physician □ Other _____

Reported: _____

Care Coordination: □ PT □ ST □ HHA □ MSW □ OT □ SN □ Other _____

LPTA/Aide supervision (complete if applicable): □ Introduction □ Supervision LPTA/Aide present □ Yes □ No

LPTA/Aide following plan: □ Yes □ No (explain): _____

HHA care plan: □ Reviewed □ Revised/updated: _____

Next supervisory visit: _____ Next Physical Therapy Visit: _____

Therapist Signature/Title: _____