

Treatment Plan for: _____ Date: _____

Limitations of activities of daily living:

Treatment plan discussed with Client:
Yes No

Clients Goal / Treatment Goal:

Received informed consent for treatment
plan: Yes No

Type / Focus of treatment:

Frequency: _____ Duration: _____

Areas to be treated:

back	arm L R	chest
neck	leg L R	breast
shoulders	gluteus	other (list)
face	abdominals	

Assessments Performed:

Anticipated Progression of Responses:

Results of Assessments:

Remedial exercises/ Hydrotherapy
recommended:

Reassessment schedule:

Contraindications / Risks:

Referrals:

