

## Patient Status Note – Physical Therapy

To:  
From:

<b>Patient Info</b>	Name:	Age
	Dx:	
	Date of Onset:	DOS

<b>Treatment Info</b>	Date of initial PT evaluation:	Number of treatments received to date:	Number of no-shows, cancellations, reschedules:
	Treatments received:		
	Patient response to treatments received:		

<b>Recommendations</b>	By the Physical Therapist
	Special Remarks

Thank you for your referral. If there are any questions please call.

\_\_\_\_\_ P.T. Signature

[PHYSICAL THERAPIST NAME], P.T.  
[PHYSICAL THERAPIST NAME], P.T.

[YOUR COMPANY NAME, ADDRESS, PHONE]