

(upload your company logo)

Date: (today's date)

To: _____, Fax #: _____
From: _____, (drop down list: "PT, RPT, MPT, DPT, LPT")

Physical Therapy Status Note for

| | |
|--|--|
| Response to Therapy | (drop down list "excellent, good, fair, poor") |
| Compliance w/appts, home exercises, etc. | (drop down list "excellent, good, fair, poor") |
| Factors Limiting Success | |
| Existing Impairments | ROM: |
| | Strength: |
| | Function: |
| | Other: |
| Recommendations | (drop down: "continue therapy, wean off therapy, discharge with a home care and exercise program, suspend therapy until further advice from MD, other) |

Treatments Already Received:
(check boxes) "Exercises, soft-tissue mobilization, modalities, joint mobilization, traction, home exercise program, other)

PLEASE SIGN BELOW AND FAX BACK TO (951) 279-5577

| | |
|---|------------|
| For Physician Use Only (josh, leave as is. The doc will mark with pen, sign and fax back to practice) | |
| <input type="checkbox"/> I concur with the above plan. <input type="checkbox"/> Other: | |
| Physicians Signature: _____ | Date _____ |

[company name, address, phone, fax]