

Physical Therapy Documentation Template

This template is crafted to aid physical therapists in capturing comprehensive and structured patient records, promoting better patient care and compliance.

PATIENT INFORMATION

Name: _____

ID Number: _____

Date of Birth: _____

Date of Assessment: _____

Referring Physician: _____

INITIAL ASSESSMENT

Chief Complaint: _____

History of Present Illness: _____

Previous Interventions: _____

Objective Findings: _____

Vital Signs:
(BP, HR, RR) _____

Physical Examination:
(Strength, range of motion, functional mobility) _____

Special Tests:
(If applicable) _____

ASSESSMENT

PT Diagnosis: _____
(Identify the physical impairments and functional limitations)

Prognosis: _____
(Expected course and outcome of the condition)

PLAN

Therapeutic Interventions: _____
(Type, frequency, duration)

Goals: _____
(Short-term, long-term, SMART goals)

Patient Education: _____
(Information provided about condition and treatment)

Follow-Up: _____
(Next appointment date, ongoing treatment plan)

Additional Notes: _____

Safety Considerations: _____

Coordination with Other Health Professionals: _____