

**McLaren Print System Order**

**Order No:** 51243  
**Order Date:** 2019-12-27  
**User:** Susan Hillger  
**Phone:** 248-866-2048

**Ship Location:** McLaren PT (Kim Lock)  
 2500 N. Elms Rd  
 Flushing, MI 48433

**Forms**  
**Quantity:** 500  
**Paragon Dept No:** 38113  
**Dept Name:** McLaren Flint  
**Company Number:** 60

**Order Total Price:** 0.00

**Item Number:** M-17513-A  
**Item Description:** Physical Therapy Treatment Flow Sheet  
**Revision Date:** 11/2013  
**Print:** 2 sided black and white  
**Paper:** 20# White Text  
**Size:** 8.5 x 11  
**Fold:**  
**Finish:**  
**Drill:** None  
**Misc Info:** 2 sided, no tumble

**McLaren Flint**  
 FLINT REGION  
**PHYSICAL THERAPY TREATMENT FLOW SHEET**

Evaluation Completed:      /      /     

| Diagnosis:                   |                | Procedures: |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|------------------------------|----------------|-------------|---|---|-------------|---|---|---|----------------|---|---|---|-------------|---|---|---|
| Treatment                    | Date: 12/27/19 |             |   |   | Time: 08:00 |   |   |   | Date: 12/27/19 |   |   |   | Time: 08:00 |   |   |   |
|                              | 1              | 2           | 3 | 4 | 1           | 2 | 3 | 4 | 1              | 2 | 3 | 4 | 1           | 2 | 3 | 4 |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
|                              |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
| Pt. Education Provided _____ |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
| Patient Understood Tx _____  |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |
| Patient's Initials _____     |                |             |   |   |             |   |   |   |                |   |   |   |             |   |   |   |

Therapist Signature \_\_\_\_\_ Patient Signature \_\_\_\_\_ **Key:** 1-1P = Initial Exercise Program  
 2 = Initial Assessment

Therapist Signature \_\_\_\_\_

Therapist Signature \_\_\_\_\_

PHYSICAL THERAPY TREATMENT FLOW SHEET  
 450

**Spec Info:**