McLaren Flint
FLINT, MICHIGAN
PHYSICAL THERAPY DAILY NOTE

Date ___ /___ /___ In:_____ Out:_____	Tx	Time

Timed Codes =

Total Tx Time =

Pain Scale: _____/10 ❏ **na**

_____
Signature/Co-Signature: Date/Time

Date ___ /___ /___ In:_____ Out:_____	Tx	Time

Timed Codes =

Total Tx Time =

Pain Scale: _____/10 ❏ **na**

_____
Signature/Co-Signature: Date/Time

Date ___ /___ /___ In:_____ Out:_____	Tx	Time

Timed Codes =

Total Tx Time =

Pain Scale: _____/10 ❏ **na**

_____
Signature/Co-Signature: Date/Time

Comments:

PTA Signature/Credentials/Initials: _____

Therapist Signature/Credentials/Initials: _____

PT.

MR.#/RM.

DR.

McLaren Flint
FLINT, MICHIGAN
PHYSICAL THERAPY DAILY NOTE

Date	Tx	Time	
___ / ___ / ___			**Pain Scale: _____/10** ❏ na
In:_____			
Out:_____			
Timed Codes =			
Total Tx Time =			
			_____
			Signature/Co-Signature: Date/Time

Date	Tx	Time	
___ / ___ / ___			**Pain Scale: _____/10** ❏ na
In:_____			
Out:_____			
Timed Codes =			
Total Tx Time =			
			_____
			Signature/Co-Signature: Date/Time

Date	Tx	Time	
___ / ___ / ___			☐ See progress note for details **Pain Scale: _____/10** ❏ na
In:_____			☐ Medication list updated ☐ No changes
Out:_____			Daily treatment rendered:
Timed Codes =			
Total Tx Time =			
			_____
			Signature/Co-Signature: Date/Time

Comments:

PTA Signature/Credentials/Initials: _____

Therapist Signature/Credentials/Initials: _____

PT.

MR.#/RM.

DR.

PHYSICAL THERAPY DAILY NOTE