McLaren Flint

FLINT, MICHIGAN

PHYSICAL THERAPY DAILY NOTE

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

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

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

Comments:

I assessed the need, made the skilled judgement for the treatment provided, participated with the student for the delivery of the service and I was present for the entire treatment session on _____, _____, _____,

Date and Initials Date and Initials Date and Initials

Therapist Signature/Credentials: _____

Therapist Signature/Credentials: _____

Therapist Signature/Credentials: _____

PT.

MR.#/RM.

DR.

McLaren Flint

FLINT, MICHIGAN

PHYSICAL THERAPY DAILY NOTE

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

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

Date	Tx	Time	
___ /___ /___ In:_____ Out:_____			**Pain Scale:** _____/10 ❑ **na** ☐ Medication list updated ☐ No Changes Signature/Co-Signature: Date/Time
Timed Codes = Total Tx Time =			

Comments:

I assessed the need, made the skilled judgement for the treatment provided, participated with the student for the delivery of the service and I was present for the entire treatment session on _____, _____, _____,
Date and Initials Date and Initials Date and Initials

Therapist Signature/Credentials: _____

Therapist Signature/Credentials: _____

Therapist Signature/Credentials: _____

PT.

MR.#/RM.

DR.