## **McLaren Flint** FLINT, MICHIGAN OCCUPATIONAL THERAPY TREATMENT FLOW SHEET

Evaluation Completed: / / /

Diagnosis:									-			Precau	ution	s:			
Treatment	Date:	<u> </u>	Date:	/	/	Date:	/	<u>/</u>	Date:	/	/	Date:	/	_/	Date:	/	_/
	_																
	+																
	-																
Pt. Education Provided	+																
Patient Understood Tx	+																
Patient's Initials	+																
Therapist Signature:			Patien	ıt Signatı	Jre:				1			Kev: F	HEP -	- Hom	e Exerci	se Pro	ogram
				. e.g.au								Key: H	√ =	= Sam	e as prev	vious	date

Therapist Signature: \_\_\_\_

Therapist Signature: \_\_\_\_

OCCUPATIONAL THERAPY

TREATMENT FLOW SHEET

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PT.

MR.#/RM.

## ОССИРАТЮИАL ТНЕВАРҮ ТВЕАТМЕИТ FLOW SHEET **FLINT, МІСНІGAN** McLaren Flint

Evaluation Completed: \_/

1

Date:	Date:/	Date:/	Date:/		//:ete	Treatment
	Precautions:			, , , ,	, , , ,,,,,,	Diagnosis:

Patient Signature:

**Key: HEP** = Home Exercise Program  $\sqrt{4}$  = Same as previous date

Patient's Initials Patient Understood Tx Pt. Education Provided

TABHS WOJA TNAMTAART

УЧАЯЗНТ ЛАИОПАЧОЗОО

Therapist Signature:

Therapist Signature:

Therapist Signature:

.MA\#.AM

ЪТ.