McLaren Business Products

McLaren Print System Order

Order No: 8574
Order Date: 2015-01-28
User: Wendy Amman
Phone: 810-342-5350

Ship Location: McLaren Bristol Place / attn: Wendy
4466 W. Bristol Road
Flint, Mi 48507
Forms
Quantity: 500
Paragon Dept No: 38111
Dept Name: McLaren Therapy Services
Company Number: 60

Order Total Price: 0.00

Item Number: MHCC-2855-A
Item Description: Physical Therapy Progress Report
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

PHYSICAL THERAPY PROGRESS REPORT

Date: _____

REFERRING PHYSICIAN: _____ Phone: _____ Fax: _____

PRIMARY PHYSICIAN: _____ Phone: _____ Fax: _____

PATIENT: _____ Date of Birth: _____

DIAGNOSIS: _____

The patient attended therapy _____ Visits _____ No Shows _____ Cancellations with treatment consisting of:

1. _____ 3. _____

2. _____ 4. _____

OBJECTIVE PROGRESS:	[illegible]	[illegible]	[illegible]	[illegible]	COMMENTS
ROM	☐	☐	☐	☐	
STRENGTH	☐	☐	☐	☐	
PAIN	☐	☐	☐	☐	
ADL	☐	☐	☐	☐	
GAIT	☐	☐	☐	☐	

ASSESSMENT/CLINICAL IMPRESSION

PLAN/GOALS:

Therapist: _____ Facility: _____

Telephone: _____ Fax Number: _____

PHYSICAL THERAPY PROGRESS REPORT

460b