

CVH-584 **CONNECTICUT VALLEY HOSPITAL**
 New 9/01 **PHYSICAL THERAPY TREATMENT REPORT**

[] General Psychiatry Division
 [] Whiting Forensic Division
 [] Addiction Services Division

Name: _____

MPI #: _____ *Print or Addressograph Imprint*

Unit: _____

PART I

Treating Diagnosis/Chief Complaint: _____

Patient Problem Statement: _____

Treatment: _____

Treatment Schedule: _____

Proposed Discharge Plan: _____

Interpreting Services Required: [] Yes [] No Language: _____

Date of Last Physical Therapy Evaluation: _____

 Signature of Physical Therapist / Printed Name

 Date

PART II - Treatment Rendered

Attendance for Month/Year: _____

Date	Code	Comments	Date	Code	Comments
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Codes: **A** = Attended **R** = Refused **X** = No Treatment Scheduled
 CI = Cancelled **CO** = Cancelled **CA** = Cancelled
 Patient Ill Other Reason Patient Agitated

File in Physical Health Section (following Physical Health Notes)

PART III - Treatment Report

Summary of Treatment Received: _____

Educational Issues Addressed: _____

Communication Issues: _____

Functional Assessment: _____

Treatment Program Changes/Recommendations/Frequency of Treatment: _____

Review of Goals of Physical Therapy Treatment: _____

Assessment and Treatment Plan Discussed with Patient? ☐ Yes ☐ No

If No, Reason: _____

Signature of Physical Therapist/ Printed name and title

Date