

# Physical Therapy Outpatient Progress Report

|   |               |                        |                 |
|---|---------------|------------------------|-----------------|
| <b>Patient:</b>                               | <b>D.O.B:</b> | <b>Date:</b>           |                 |
| <b>Physician:</b>                             |               | <b>Dx:</b>             |                 |
| <b>Treatment Dates:</b> From: _____ To: _____ |               | <b>#of Treatments:</b> | <b>#Missed:</b> |

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|--------------------------|
| <b>Treatment Program</b> |
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| <b>Objective Measurements From Initial Visit / Present Condition</b> |
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|------------------------------|
| <b>Response To Treatment</b> |
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|                              |

**Therapist's Recommendations:**

- Continue therapy for \_\_\_\_\_ weeks for \_\_\_\_\_.
- Discontinue therapy secondary to patient met all goals.

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|---|
| <b>Recommendation For Future Care Or Changes In Treatment Program</b> |
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\_\_\_\_\_  
Physical Therapist's Signature