

## PATIENT PROGRESS NOTES

Patient Name	Today's Date	Therapist Name
<b>Initial Patient Strength Assessment:</b>		
<b>Initial Patient Balance/Coordination Assessment:</b>		
<b>Initial Patient Mobility Assessment:</b>		

Patient Start Date	Number of Sessions	Session Type	Session Type Length
<b>Patient Goal(s):</b>			
<b>Initial Patient Treatment Plan (In Session):</b>			
<b>Initial Patient Treatment Plan (Home Exercises):</b>			
<b>Response to Treatment:</b>			

Current Patient Pain Level (1-10)	Description of Pain
<b>Current Patient Strength Assessment:</b>	
<b>Current Patient Balance/Coordination Assessment:</b>	
<b>Current Patient Mobility Assessment:</b>	
<b>Treatment Plan Modification:</b>	