

# PATIENT SIGN-IN

Patient Name: \_\_\_\_\_

## #1 Area of pain/discomfort

Intensity: \_\_\_\_/out of 10 (0=none, 10=worst)

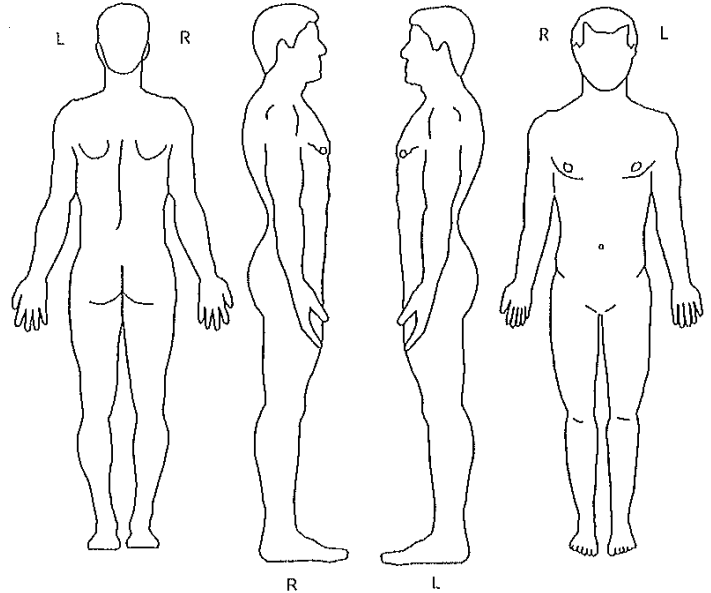
Type (circle all that apply): Dull Ache Sharp Shooting

Stabbing Burning Tight Sore Throbbing \_\_\_\_\_

Overall progress since starting care: \_\_\_\_\_ %

(0% = none ... 100% = fully recovered)

Please number (e.g. #1, #2) your area(s) of pain.



## #2 Area of pain/discomfort

Intensity: \_\_\_\_/out of 10 (0=none, 10=worst)

Type (circle all that apply): Dull Ache Sharp Shooting

Stabbing Burning Tight Sore Throbbing \_\_\_\_\_

Overall progress since starting care: \_\_\_\_\_ %

(0% = none ... 100% = fully recovered)

## #3 Area of pain/discomfort

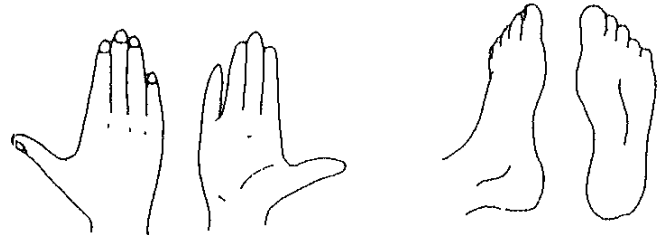
Intensity: \_\_\_\_/out of 10 (0=none, 10=worst)

Type (circle all that apply): Dull Ache Sharp Shooting

Stabbing Burning Tight Sore Throbbing \_\_\_\_\_

Overall progress since starting care: \_\_\_\_\_ %

(0% = none ... 100% = fully recovered)



Comments/Elaboration (if needed):

In the past week, the pain/discomfort has:

lessened  worsened  stayed the same

In the past week, *HOW OFTEN* have these symptoms been *PRESENT*?

0-25% (not that often)  26-50% (occasionally)  51-75% (most of the time)  76-100% (All the time-constant)

In the past week, *HOW MUCH* have these symptoms *LIMITED YOUR DAILY (training/work/social/home) ACTIVITIES*?

0-25% (not that much)  26-50% (sometimes)  51-75% (most of the time)  76-100% (All the time-constant)

**\*\*\*NEW INJURY/ AREA OF COMPLAINT:** If you have had any new injuries or complaints, please inform our FOC and the doctor.

Details of new injury/condition: \_\_\_\_\_

**CHANGE OF INFORMATION:** if there has been any change in any information (change of name, address, insurance, etc.) please let the front office coordinator know.

I certify that the above information is complete and accurate to the best of my knowledge.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_



PATIENT PROGRESS / DAILY NOTE

NAME: \_\_\_\_\_

PT  DC

DATE: \_\_\_ / \_\_\_ / \_\_\_

**SUBJECTIVE:** Patient reports \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Compliance: Good / Fair / Marginal / Poor \_\_\_\_\_

**OBJECTIVE:** Observation, Palpation, Localization of Tenderness, Segmental Dysfunction

T=Palpable Tenderness, M=Muscle Spasms, X=Trigger Points ROM ↑ or ↓ Strength ↑ or ↓

NP2  NP3  EP2  EP3  ROF  PTNP  PTRE  Diag. Testing \_\_\_\_\_

**Modalities:** Description/Rationale Body Area Time

INF/Pre-Mod High Low \_\_\_\_\_

Russian/Micro \_\_\_\_\_

Ultrasound cont / 50% 1 / 3 MHz w/cm<sup>2</sup> \_\_\_\_\_

Moist Heat/Cold Pack  with e-stim \_\_\_\_\_

Manual Therapy \_\_\_\_\_

Manual Mobilization \_\_\_\_\_

**Neuromuscular Re-Ed**  see f/s \_\_\_\_\_

**Therapeutic Exercises**  see f/s \_\_\_\_\_

**Therapeutic Activity**  see f/s \_\_\_\_\_

**Supportive Taping** \_\_\_\_\_

**Other Services:** \_\_\_\_\_

**CMT:** C/S: Occ 1 2 3 4 5 6 7 T/S: 1 2 3 4 5 6 7 8 9 10 11 12 L/S: 1 2 3 4 5 SI: Rt Lt Ext:

**ASSESSMENT:**  Improving  Regressed  No significant changes noted

Exercise Form & Technique:  Good  Fair  Requires (min/mod/sev) (verbal/visual/tactile) cues

Progressing:  Slower than anticipated  Faster than anticipated  As anticipated

Patient tolerated today's treatment:  Without significant c/o  With c/o \_\_\_\_\_

Phase of Care:  Acute  Sub-acute  Rehab \_\_\_\_\_

**PLAN:**  Continue current Tx plan  New Tx plan  Refer- Imaging (MRI, X-ray, US)  Refer- Ortho. Consult

PT/PTA Signature: \_\_\_\_\_

DC Signature: \_\_\_\_\_