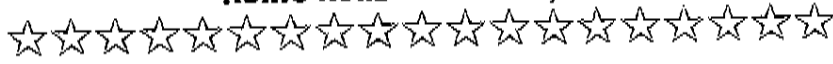


MORNINGSTAR HOME HEALTH AGENCY, INC.



PHYSICAL THERAPY VISIT NOTE

DATE OF SERVICE / / TIME IN OUT

HOMEBOUND REASON: Needs assistance for all activities, Residual weakness, Requires assistance to ambulate, Confusion, unable to go out of home alone, etc.

TREATMENT DIAGNOSIS/PROBLEM, EXPECTED TREATMENT OUTCOME(S)

Table with 3 columns: Intervention/Instruction (e.g., Evaluation, Establish rehab. program), Specific Therapy (e.g., Pulmonary Physical Therapy, Ultrasound), and CPM/Other (e.g., Functional mobility training, Teach bed mobility skills).

OBSERVATIONS, INSTRUCTIONS AND MEASURABLE OUTCOMES

EVALUATION AND PATIENT/CLIENT/CAREGIVER RESPONSE

CARE PLAN: Reviewed/Revised with patient/client involvement, SUPERVISORY VISIT (Complete if applicable), TEACHING/TRAINING OF, PATIENT/CLIENT/FAMILY FEEDBACK ON SERVICES/CARE, etc.

SIGNATURES/DATES, Complete TIME OUT (above) prior to signing below.

PART 1 - Clinical Record, PART 2 - Therapist, PATIENT/CLIENT NAME - Last, First, Middle Initial, ID#