

# Medical Record Form Sample for Physical Therapy Documentation

Our **medical record form sample** for physical therapy documentation provides a comprehensive template to accurately record patient assessments, treatment plans, and progress notes. This form ensures clear communication between healthcare providers and supports effective patient care management. Utilizing this standardized document helps maintain thorough and organized physical therapy records.

Patient Information			
Patient Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Medical Record #:	<input type="text"/>	Contact Number:	<input type="text"/>
Referring Physician:	<input type="text"/>		
Assessment			
Diagnosis:	<input type="text"/>		
Subjective Complaints:	<input type="text"/>		
Objective Findings:	<input type="text"/>		
Assessment/Impression:	<input type="text"/>		
Treatment Plan			
Goals:	<input type="text"/>		
Interventions:	<input type="text"/>		
Frequency/Duration:	<input type="text" value="e.g. 2x/week for 4 weeks"/>		
Progress Notes			
Date:	<input type="text"/>	Therapist Initials:	<input type="text"/>
Notes:	<input type="text"/>		
Discharge Summary			
Date of Discharge:	<input type="text"/>	Therapist Signature:	<input type="text"/>
Summary/Recommendations:	<input type="text"/>		