

Physical Medicine / Electroanalgesia Template

Patients Name: _____ Date of birth: ___/___/___ PT #: _____

Subjective:

Reason(s) for today's visit (subjective):

VAS: Average Pain Level: _____ 0= no pain / 10= consider dialing 911 for Emergency Room Visit

Changes in condition since last visit: _____

Objective:

Palpatory Examination: _____

Muscle Spasms were noted in: _____

Trigger Points were located in: _____

Positive Orthopedic Tests: _____

Reduction in ROM:¹ _____

Assessment:

Dx1: _____ Dx2: _____ Dx3: _____ Dx4: _____

Plan: Program 1: _____ Dose: _____ T/I: _____ T/O: _____

Expected Therapeutic Benefit: _____

Program 2: _____ Dose: _____ T/I: _____ T/O: _____

Expected Therapeutic Benefit: _____

VAS after Treatment: _____ Analgesic Duration: Hours: _____ Minutes: _____

Date of Next appointment: _____ Schedule Reevaluation on the Next Visit _____

Providers Signature: _____ Date: _____

¹ Most recent addition of impairment rating manual does not consider Range of motion important in the determination of a patients disability, therefore the majority of insurance carriers are defaulting to the fact that ROM loss is relatively insignificant