

[COMPANY NAME]

Address: _____

Phone: (____) _____ Fax: (____) _____

PHYSICAL THERAPY OF DISCHARGE REPORT

NAME: _____ D.O.B.: _____

DATE: _____

PHYSICIAN: _____

DIAGNOSIS: _____

TREATMENT DATES: FROM: _____ TO: _____

SESSIONS ATTENDED: _____ MISSED: _____

Symptomatology Identified on Initial Visit: _____

Treatment Administered: _____

Pain Rate: _____

Strength: _____

ROM: _____

Gait: _____

Balance/Coordination: _____

Achievement of Goals: _____

Recommended Home Program: _____

Prognosis: _____

Physical Therapist Signature: _____

Physical Therapist's Assistant Signature: _____

Physical Therapy Discharge Summary Form

R Bogdan

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name R Bogdan.

Physical Therapy Discharge Summary Form:

Reviewing **Physical Therapy Discharge Summary Form**: Unlocking the Spellbinding Force of Linguistics

In a fast-paced world fueled by information and interconnectivity, the spellbinding force of linguistics has acquired newfound prominence. Its capacity to evoke emotions, stimulate contemplation, and stimulate metamorphosis is really astonishing. Within the pages of "**Physical Therapy Discharge Summary Form**," an enthralling opus penned by a highly acclaimed wordsmith, readers set about an immersive expedition to unravel the intricate significance of language and its indelible imprint on our lives. Throughout this assessment, we shall delve in to the book is central motifs, appraise its distinctive narrative style, and gauge its overarching influence on the minds of its readers.

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