



# Physical Therapy Treatment Notes

Patient Name:		Date:	
Diagnosis:			
Num. of visits:		Frequency:	
Visit number:		Time In:	Time Out:
Subjective:			

		Start Time	End Time
Visit number:			
<b>Initial Evaluation - 97001</b>			
<b>Re-Evaluation - 97002</b>			
<b>Extra Test - 97750</b>			
<b>Manual Techniques - 97140</b>			
<b>Ultrasound - 97035</b>			
<b>Neuromuscular Re-Education - 97112</b>			
<b>Gait Training - 97116</b>			
<b>Therapeutic Exercises - 97110</b>			
<b>Electrical Stimulations - 97032</b>			
<b>Patient Self-Care Mgmt Training - 97535</b>			
<b>Hot/Cold Packs</b>			
<b>Pulse Ox</b>			
Objective:			

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Therapist Signature

\_\_\_\_\_  
Date