

REGAL HOME SERVICES

MIAMI OFFICE

18260 NE 19th Ave Suite 104
North Miami Beach, FL 33162
T: 305-957-7224 F: 305-957-7224

BROWARD OFFICE

5975 W Sunrise Blvd Suite 212
Sunrise, FL 33313
T: 954-714-3333 F: 954-485-6101

BOCA OFFICE

3350 NW 2nd Ave Suite A-42
Boca Raton, FL 33431
T: 561-395-0505 F: 561-395-0506

PT OT

PATIENT'S NAME: _____ DATE: _____ TIME _____

ACTIVITIES PERMITTED:

___ Complete Bed Rest. ___ Bed Rest/BRP. ___ Transfer Bed/Chair. ___ Up As Tolerated. ___ Full Weight Bearing
___ Partial Weight Bearing. ___ No Weight Bearing. ___ Independent At Home. ___ No Restrictions. ___ Wheel Chair
___ Walker. ___ Cane. ___ Crutches. ___ Hoyer Lift. ___ Stair Climbing. ___ Other: _____

MENTAL STATUS:

___ Oriented. ___ Forgetful. ___ Disoriented. ___ Agitated. ___ Comatose. ___ Depressed. ___ Lethargic.
___ Other: _____

PATIENT'S PHYSICAL STATUS:

___ Bed Bound. ___ Severe SOB. ___ Ambulates with Assist. ___ Uses W/C, Walker, Cane. ___ Up in Chair/Max Assist
___ Severe Weakness. ___ Paralysis. ___ Unable to Walk. ___ Balance/Gait-Unsteady. ___ Other: _____

Subjective Comments: _____

Specific Safety Issues Addressed: _____

TREATMENTS RENDERED:

INSTRUCUTED: PT - CG

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Assessment: | _____ | _____ |
| <input type="checkbox"/> Therapeutic Exercises: | _____ | _____ |
| <input type="checkbox"/> Bed Mobility: | _____ | _____ |
| <input type="checkbox"/> Transfer Training: | _____ | _____ |
| <input type="checkbox"/> Gait Training: | _____ | _____ |
| <input type="checkbox"/> Endurance: | _____ | _____ |
| <input type="checkbox"/> Joint Mobility: | _____ | _____ |
| <input type="checkbox"/> Motor Assessment: | _____ | _____ |

PLAN OF CARE: (Action/Progress toward Goals ad PT's Response to Instructions)

Interdisciplinary Communication: ___ RN. ___ PT. ___ PTA. ___ OT. ___ SLP. ___ MSW. ___ HHA. ___ MD.

Date/Describe: _____

Next Scheduled Visit Date: _____

Plan for Next Visit: _____

Additions to Plan of Care: _____

THERAPIST NAME: _____ TITLE: _____