

## PROGRESS NOTE FOR PHYSIOTHERAPY/ CHIROPRACTIC/ ACUPUNCTURE/ OSTEOPATH/HOMEOPATH/BONE SETTING/ REHABILITATION

(All sections must be completed)

### SECTION A – PATIENT INFORMATION

Patient's full name:	Gender:
DOB (mm/dd/yyyy):	Member No:
Policy No:	
Policyholder's full name (if group insurance):	

### SECTION B – PROGRESS NOTE CONFIRMED BY ATTENDING PHYSICIAN

Diagnosis: .....
Recommended therapy of treatment: .....
Does patient need Physiotherapy/ Chiropractic/ Acupuncture/ Osteopath/ Homeopath/ Bone setting/ Rehabilitation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If Yes, type of treatment and which body part(s) are applied (ex: physiotherapy for L1-L5) ..... ..... .....
Estimated the at least number of required visit(s): .....
Result of the previous episodes of treatment (1 <sup>st</sup> -5 <sup>th</sup> ): ..... ..... .....
Reason why to order next treatment plan (6 <sup>th</sup> – 10 <sup>th</sup> ): ..... ..... .....
Result of the last episodes of treatment (6 <sup>th</sup> – 10 <sup>th</sup> ): ..... ..... .....

Attending Physician signed with full name and stamp: \_\_\_\_\_

Date: ...../...../.....

Address of Attending Physician/Clinic: .....

Tel:..... Email:.....