

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 st -5 th):
Reason why to order next treatment plan (6 th – 10 th):
Result of the last episodes of treatment (6 th – 10 th):

Attending Physician signed with full name and stamp: _____

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

Address of Attending Physician/Clinic:

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