

**PROGRESS NOTE**

Office visit: \_\_\_\_\_ Missed or Canceled: \_\_\_\_\_ As of Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Patient name: \_\_\_\_\_ MRN: \_\_\_\_\_ DOB: \_\_\_\_\_

Start of Care (SOC) Date: \_\_\_\_\_ MD Follow-up Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Involved side / Area: \_\_\_\_\_

Mechanism of Injury: \_\_\_\_\_

Pain Scale Today: \_\_\_\_\_

Goal of Activity to return to: \_\_\_\_\_

Number of visits from start of care: \_\_\_\_\_

**Subjective:**

- How patient is feeling along with changes/difficulties, if any, from previous treatment.

**Objective:**

- Presentation of symptoms
- Exercises
- Modalities
- Outcome measures – if applicable

**Assessment:**

- Documenting progression/challenges
- ROM and table from other doc.

**Plan:**

- Specify how to continue (number of possibly treatments needed)
- Recommendations: Continue therapy
  - Plan for progression of functional goals.
- Goals
- Treatment plan followed. – phase of protocol, or attach protocols
  - Specifics with regard to progress through specific treatment guideline.

Signature of treating / referring physician and treating Athletic Trainer