

Physical Therapy Follow-Up Assessment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Therapist Name: [Insert Therapist Name]

Facility Name: [Insert Facility Name]

Subjective Assessment

[Insert patient's comments on progress, pain level, and functional abilities]

Objective Assessment

- Range of Motion: [Insert findings]
- Strength: [Insert findings]
- Balance: [Insert findings]
- Functionality: [Insert findings]

Assessment

[Insert summary of the patient's progress, any concerns, and response to treatment]

Plan

[Insert proposed treatment plan, frequency of sessions, and any referrals if needed]

Signature:

[Insert Therapist Signature]