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SafetyCulture



Title Page

Patient Name

Assigned Physical Therapist

Conducted on



Location



Subjective Data

Age

Race

Gender

Chief complaint

History of Present Illness (location, quality, severity, timing, setting, alleviating/ aggravating factors, associated signs and symptoms)

Past Medical History (allergies, current medication, injuries, hospitalizations, surgeries)

Family History

Social History

Review of Systems

Objective Data

Height (in)

Weight (lbs)

BMI

Temperature

Blood Pressure (BP)

General Appearance

Laboratory Results

Assessment

General Observations

Plan

Treatment Plan

Completion

Additional Notes

General Observations

Name & Signature of Attending Medical Practitioner



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