Rehabilitation Note

Patient Name ______________________ **Code** ___________

Doctor:	**Therapist:**	**Date:**		**Bed** **Chair**
Assessment:		**Tx. #**	**Area(s) Treated:**	**Minutes**
Treatment(s) Administered: ❑ Massage therapy ❑ Ice Pack ❑ Heat Pack	**Recommendations:** ❑ Massage Therapy ❑ Aqua Therapy ❑ Exercise Therapy ❑ Other: ______________________			
Doctor's signature:	**Therapist's signature:**		**Total Minutes:**	

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