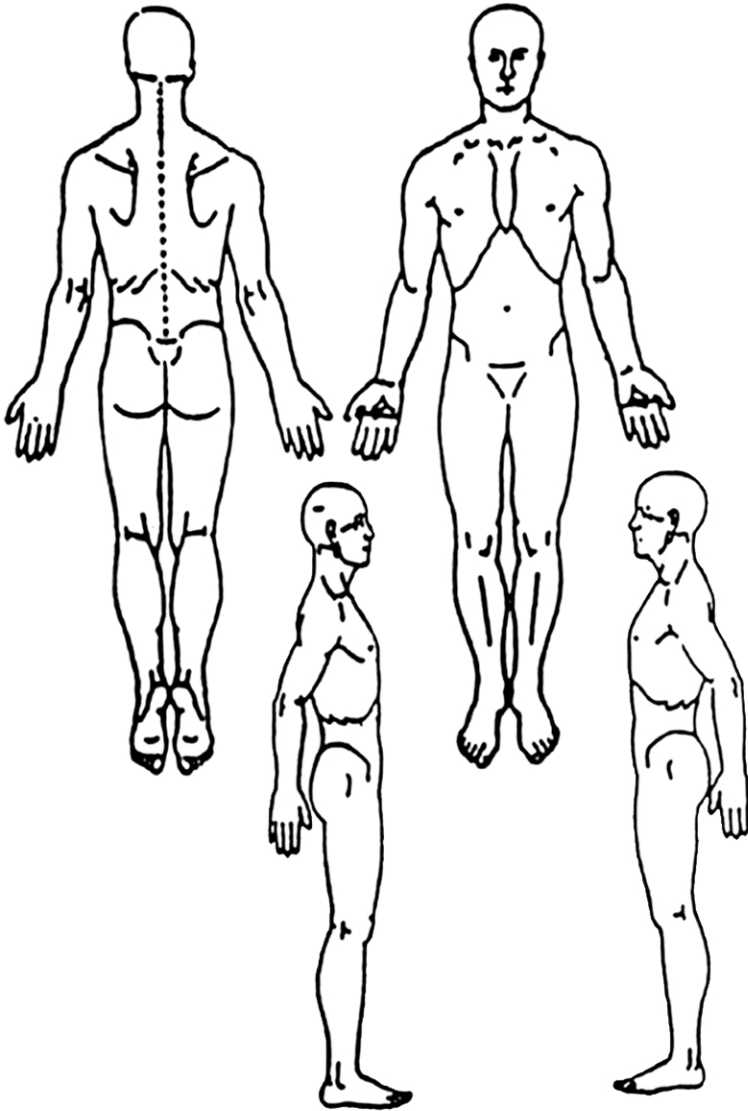


## Daily Progress Sheet

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**What areas are you complaining of today?**

(Please circle areas that apply)



**PATIENT  
INITIALS**

**PROCEDURES  
RECIEVED**

- \_\_\_\_\_ **Muscle Stimulation (97014)**  
(at least 10 minutes)
- \_\_\_\_\_ **Heat / Ice Treatment (97010)**  
(at least 10 minutes)
- \_\_\_\_\_ **Mechanical Traction (97012)**  
(at least 10 minutes)
- \_\_\_\_\_ **Ultrasound (97035-52)**  
(at least 8 minutes)
- \_\_\_\_\_ **Joint Mobilization / Adjustment  
Manual Therapy (98940, 97140-59)**
- \_\_\_\_\_ **Diathermy/Infrared Heat (97024)**  
(at least 10 minutes)
- \_\_\_\_\_ **Exercises / Rehabilitation Procedures**  
(at least 10 minutes) (97110)
- \_\_\_\_\_ **Therapeutic Activities (97530)**  
(at least 10 minutes)
- \_\_\_\_\_ **Follow-Up Visit / Consultation  
with the Doctor (99213-25)**

**Progress Notes:** \_\_\_\_\_

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Patient Signature \_\_\_\_\_ Therapist / Doctor Signature \_\_\_\_\_