<u> </u>	Ibi	inerapy Daily Treatm		Note	
Resident:			Unit/Room:	MR#:	
Medical Dx:		Initial Eval Date:			
Treatment Dx:		Cert Period:			
All minutes are in	dividual/direct contact minutes unless grou	up or concurrent is specified in entry			
Date:	Resident reports				
Therapist/Assistant	Treatment Details:				
Visit # 1	Response to Tx:			Change made to Nursing Recs?	
Total Minutes	Adjustment to Plan:			If yes, attach COPY	
Date:	Resident reports				
	Treatment Details:				
Therapist/Assistant					
Visit # 2	Response to Tx:			Change made to Nursing Recs? No Yes	
Total Minutes	Adjustment to Plan:			If yes, attach COPY	
Date:	Resident reports				
Therapist/Assistant	Treatment Details:				
Visit # 3	Response to Tx:			Change made to Nursing Recs?	
Total Minutes	Adjustment to Plan:			If yes, attach COPY	
Date:	Resident reports				
	Treatment Details:				
Therapist/Assistant					
Visit # 4	Response to Tx:			Change made to Nursing Recs? No Yes	
Total Minutes	Adjustment to Plan:			If yes, attach COPY	
Date:	Resident reports		Report on Pro	ogress Toward STG/LTG	
	Treatment Details:				
Therapist/Assistant					
Visit # 5	Response to Tx:			Change made to Nursing Recs? No Yes	
Total Minutes	Adjustment to Plan:			If yes, attach COPY	

Therapy Daily Treatment Encounter Note

Resident:		DOB:Ur	nit/Room:	MR#:
All minutes are in	dividual/direct contact minutes unle	ss group or concurrent is specified in entry		
Date:	Resident reports			
	Treatment Details:			
Therapist/Assistant				
\/:-:+ #	Decrees to Torr			Channe made to Nivering Dans?
Visit # 6	Response to Tx:			Change made to Nursing Recs? No Yes
Total Minutes	Adjustment to Plan:			If yes, attach COPY
Total Williams	rajustificite to Flam.			ii yes, attacii ee i
Date:	Resident reports			
	Treatment Details:			
Therapist/Assistant				
Visit # 7	Response to Tx:			Change made to Nursing Recs?
,				No Yes
Total Minutes	Adjustment to Plan:			If yes, attach COPY
Date:	Resident reports			
	Treatment Details:			
Therapist/Assistant				
Visit #	Response to Tx:			Change made to Nursing Recs?
Visit # 8	nesponse to 1x.			No Yes
Total Minutes	Adjustment to Plan:			If yes, attach COPY
	,			, ,
Date:	Resident reports			•
	Treatment Details:			
Therapist/Assistant				
				T
Visit # 9	Response to Tx:			Change made to Nursing Recs?
				No Yes
Total Minutes	Adjustment to Plan:			If yes, attach COPY
Date	Decide de consta		T	To a select of the select of t
Date:	Resident reports		Report on Pro	ogress Toward STG/LTG
Therapist/Assistant	Treatment Details:			
merapist/Assistant			See	Progress Report
Visit # 10	Response to Tx:		1	Change made to Nursing Recs?
10				No Yes
Total Minutes	Adjustment to Plan:		1	If yes, attach COPY