

PT OT SLP

Therapy Daily Treatment Encounter Note

Resident: _____

DOB: _____ Unit/Room: _____ MR#: _____

Medical Dx: _____

Initial Eval Date: _____

Treatment Dx: _____

Cert Period: _____

All minutes are individual/direct contact minutes unless group or concurrent is specified in entry

Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 1	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 2	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 4	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	Report on Progress Toward STG/LTG
Therapist/Assistant	Treatment Details:	
Visit # 5	Response to Tx:	
Total Minutes	Adjustment to Plan:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach COPY

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Resident: _____ DOB: _____ Unit/Room: _____ MR#: _____

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Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 6	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 7	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 8	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	
Therapist/Assistant	Treatment Details:	
Visit # 9	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY
Date:	Resident reports...	Report on Progress Toward STG/LTG See Progress Report
Therapist/Assistant	Treatment Details:	
Visit # 10	Response to Tx:	Change made to Nursing Recs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Minutes	Adjustment to Plan:	If yes, attach COPY