

Rehabilitation Inpatient Progress Note

Patient Name

Medical Record #

Date of Note

Rehabilitation Diagnosis

Admitting Physician

Subjective

Patient Reported Symptoms/Concerns

Objective

Physical Exam & Assessment

Vital Signs

Pertinent Labs/Imaging

Therapy Participation/Progress

Assessment

Summary of Current Medical and Functional Status

Plan

Medical/Pharmacologic Management

Therapy Interventions/Recommendations

Discharge Planning / Anticipated Discharge Date

Signatures

Provider Name

Date & Time
