Physical Therapy Outpatient Progress Note

Patient Name

Date of Birth

Date of Visit

MRN

S: Subjective

Patient reports, complaints, goals, pain, etc.

O: Objective

Tests, measures, observations, vital signs, ROM, strength, edema, etc.

A: Assessment

Progress toward goals, clinical impression, response to treatment, etc.

P: Plan

Plan for next session, interventions, frequency, duration, etc.

Therapist Name

Therapist Signature

Date