

Department of Health and Human Services Health Care Financing Administration	Facility Name: Your PT Clinic City/State: Bedrock, FL	Room #: 1234
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Billing Status: Medicare Part A Medicare Part B: Maint PVT VA UA W/C

PLAN OF TREATMENT/ASSESSMENT FOR OUTPATIENT REHABILITATION
 (Complete for Initial Claims Only)

1. Patients Last Name Flintstone	First Name Frederick	Middle Name F	2. Provider No. FL123456	3. HICN
4. Provider Your PT Clinic		5. Medical Record No.	6. Onset Date 9/24/2002	7. SOC Date 5/13/2002
8. Type <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> SN <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SW		9. Primary Diagnosis 354.0 CARPAL TUNNEL SYNDROME	10. Treatment Diagnosis	11. Visits from SOC 3
12. Plan of Treatment / Functional Short term1. Patient will participate in sport/leisure activities : aerobic exercises (recreational level) in 2 weeks. 2. Patient will participate in sport/leisure activities : archery (competitive level) in 1 week. 3. Patient will perform ADLs : driving (independently) in 1 week. Long term1. Return to full duty/full time work status.			Plan of Care Patient will be seen for PT consisting of : Progress patient's treatment : Strengthening and endurance building.	

Telephone order: Physician/Therapist: _____ Date: _____ Time: _____

13. Signature (Professional establishing POC including prof. designation)	14. Freq/Duration (e.g., 3/Wk x 4Wk.) 2 times a week for 6 weeks
15. Physician Signature _____ <small>I certify the need for these services furnished under this plan of treatment while under my care.</small>	16. Date _____ <input type="checkbox"/> N/A
17. Certification From _____ Through _____ <input type="checkbox"/> N/A	

20. Initial Assessment
 (History, medical complications, prior level of function, level of function at start of care, reason for referral (ROM, Strength, Motor, Posture and Gait Analysis, Pain, Transfer, Bed Mobility, Cardio-Pulmonary, Skin, Wounds, Equipment, Safety, Awareness, Coordination, Proprioception.)
 Safety precautions, list problems, patient's stated goals. SEE 702 FOR OBJECTIVE DATA

Frederick Flintstone is a 48 year old male referred to Your PT Clinic with diagnosis of 354.0 CARPAL TUNNEL SYNDROME. Patient's chief complaint(s) at the time of initial evaluation includes: difficulty working, edema in the right wrist due to work related activities. Functional Level at start of care : activities of daily living : all activities of daily living (mild compromise). Objective Findings : ROM : Wrist : extension : AROM within normal limits (left), AROM within functional limits (left), Shoulder : adduction : AROM 120 degrees (right), AROM within normal limits (right), AROM within functional limits (right), Shoulder : external rotation : AROM 125 degrees (right), Shoulder : internal rotation : AROM within normal limits (right), Knee : extension : AROM within normal limits (right), AROM within functional limits (right). Strength : Wrist : radial deviation : 3+/5, (right), 4+/5, (left).

A: Patient aware of DX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B: Mental Status Cognitive 3x	C: Nutritional Status Supplemental	D: Bed Status <input type="checkbox"/> Private <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid
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21. Functional Level (End of billing period) **PROGRESS REPORT** Continue Services D/C Total visits **3**
 Justification for continuing / discontinuing P.O.C. / Prognosis
 Initial Functional Level : (05-13-02) : activities of daily living : all activities of daily living (mild compromise). Current Functional Level : (05-19-02) : activities of daily living : all activities of daily living (with minimal assistance). Initial ROM (05-13-02) : Wrist : extension : AROM within normal limits (left), AROM within functional limits (left), Shoulder : adduction : AROM 120 degrees (right), AROM within normal limits (right), AROM within functional limits (right), Shoulder : external rotation : AROM 125 degrees (right), Shoulder : internal rotation : AROM within normal limits (right), Knee : extension : AROM within normal limits (right), AROM within functional limits (right). Current ROM (05-19-02) : Shoulder : adduction : AROM 125 degrees (right), position tested : sittin. General : Wrist : radial deviation : AROM within normal limits (right), AROM within functional limits (right). Initial strength (05-13-02) : Wrist : radial deviation : 3+/5, (right), 4+/5, (left). Current strength (05-19-02) : Wrist : radial deviation : 4/5 (right), 5-/5 (left), position tested in : sittin.

Are social services provided? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22. Service Dates From 5/13/2002 Through 9/24/2002
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EVALUATION PROGRESS NOTE EOM DISCHARGE SUMMARY