

PATIENT THERAPY RECORD

1–15 minutes = 1 unit
16–37 minutes = 2 units
38–52 minutes = 3 units
53–67 minutes = 4 units

"T"—Therapist not available:
(1) Ill
(2) Medical appointment with another child
(3) Meeting
(4) Other

"P"—Patient not available:
(1) Ill
(2) School cancelled
(3) Parent cancelled
(4) Failed appointment
(5) Holiday
(6) Other

S—Patient cooperation was:
(A) Good
(B) Fair
(C) Poor

O—Direct/Indirect

A—Response to treatment:
(A) Good
(B) Fair
(C) Poor

P—Plan:
(A) Continue
(B) Modify
(C) Re-evaluate
(1) MTU conference
(2) Private
(3) CCS special center

Month:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
S.																																			
DIRECT	O: Treatment																																		A
	Evaluation																																		B
	Case conference																																		C
	Field visit																																		D
	Mileage																																		
INDIRECT	Consultation																																		F
	Documentation																																		G
	Other																																		H
A:																																			
P:																																			

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Signature(s) _____ Date _____

<input type="checkbox"/> Physical Therapy		Treatment diagnosis		Primary diagnosis	
<input type="checkbox"/> Occupational Therapy					
Patient name			Date of birth		Social security number
					MTU and county number
					CCS number
Year	Quarter	Medical direction		County of legal residence	Therapy D/C