

PHYSICAL THERAPY CLINICAL NOTES & VISIT REPORT

DATE:	PATIENT'S NAME:	MEDICAL RECORD #:
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PHYSICIAN:	REV. CODE:	420	429
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FREQ:	MILEAGE:	TRAVEL TIME:	LOV:
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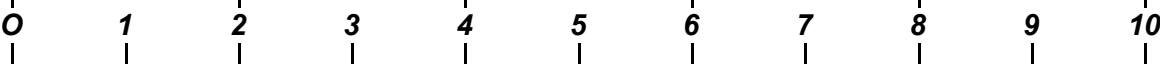
SUBJECTIVE:

PAIN SCALES:

WONG-BAKER:
(Faces)



0-10 VISUAL:
(Numeric)



VERBAL:

No Hurt Hurts Little Bit Hurts Little More Hurts Even More Hurts Whole Lot Worst Pain

WONG-BAKER FACES PAIN SCALE from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Ahmann E, DiVito-Thomas PA, Whaley & Wong: Care of Infants & Children, 6th ed, St. Louis, MO: Mosby-Year Book Inc., 1999; 1153. Copyrighted by Mosby-Year Book, Inc. Reprinted with Permission.

Pain Scale - BEFORE:	Pain Scale - DURING:	Pain Scale - AFTER:
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OBJECTIVE:	<i>AMB</i>	DISTANCE:	ASSIST:	A/D:	WB:	BALANCE:
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OTHER:

ASSESSMENT:

PLAN:

Patient notified of change in plan of care: <i>Patient's Initials</i>	PATIENT'S SIGNATURE:	DATE:	THERAPIST'S SIGNATURE:	DATE:
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