



Yes! Physical Therapy, LLC

Feel Better, Be Better, Get to Yes!
<https://www.yespt.biz>

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5005 Signal Bell Lane, Suite 202, Clarksville, MD 21029 (410)-531-2150 - voice (410)-531-2130 – fax

Physical Therapy Checkup Summary

Name: _____

Date: _____

Areas Needing Attention:

Neck/Head	Back
Shoulder	Pelvis
Elbow	Hip
Wrist	Knee
Hand	Ankle/Foot

Important Findings for MD (contact your physician for follow-up)

Important Findings for PT (should be treated soon)

Things you can live with but may want to treat to improve future health (optional)



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Physical Therapy Checkup Summary

Personalized Action Plan

Name: _____

Date of last PT Checkup: _____

Recommended Actions:

Exercise Plan: No Modifications _____ Modifications Discussed and Sent to Client _____

Dietary Plan: No Modifications _____ Modifications Discussed and Sent to Client _____

Other: _____

Follow up with MD (if needed)

Reason: _____

Yes! PT Note Sent to MD _____

For Client Use

Date: _____

Result: _____

Notes: _____

Follow up with PT (if needed)

Reason: _____

Yes! PT Note Sent to PT _____

For Client Use

Date: _____

Result: _____

Notes: _____