

### Daily Progress Report Note

<b>Location of Service: (Must Check One)</b>	<input checked="" type="checkbox"/>	Fairfax, Virginia	11240 Waples Mill Rd, Suite # 101 22030	(Tel) 703-237-2219 F: 703-237-2729
	<input checked="" type="checkbox"/>	Woodbridge, Virginia	14130 Noblewood Plaza, Suite # 301 22193	(Tel) 571-402-7550 F: 703-237-2729



<b>Patient:</b>	First Name Last Name(s) - Child's FULL Name		<b>Service Date:</b>	00/00/00
<b>DOB:</b>	00/00/00	<b>Start Time</b>	PT/OT/SLP (60 min total) <b>AM/PM</b>	<b>End Time</b>
	Parent / Guardian Signature & Printed Name		Signature	Printed Name
<b>Therapist Name:</b>	Therapist/Assistant Name and Credentials		<b>Supervising Therapist Name:</b>	ONLY complete if YOU are supervising an assistant

← Circle AM/PM

SPEECH THERAPY SERVICES	CODE	UNITS	PHYSICAL THERAPY SERVICES	CODE	UNITS	OCCUPATIONAL THERAPY SERVICES	CODE	UNITS
Speech Feeding Evaluation	92610		Physical Therapy Evaluation			Occupational Therapy Evaluation		
Speech Fluency Evaluation	92521		Physical Therapy Evaluation- Low Complexity	97161		Occupational Therapy Evaluation- Low Complexity	97165	
Speech Sound Production Evaluation	92522		Physical Therapy Evaluation- Mod Complexity	97162	1	Occupational Therapy Evaluation- Mod Complexity	97166	1
Speech Sound Production w/ Language Comprehension & Expression Evaluation	92523	1	Physical Therapy Evaluation- High Complexity	97163	1	Occupational Therapy Evaluation- High Complexity	97167	1
Behavioral/Qualitative Analysis of Voice/Resonance	92524		Physical Therapy Treatment	97110		Occupational Therapy Treatment	97530	
Speech Therapy Treatment	92507							
Speech Feeding Treatment	92526							
						<b>OTHER</b>	<b>CODE</b>	<b>UNITS</b>
						No Show	NS	
						Child Absent	CA	
						Therapist Absent	TA	

PT/OT choose complexity

**SUBJECTIVE:** Makeup  for cancellation on \_\_\_\_\_ (date)      Cancellation: LESS than 24 hours in advance

**Session Participants:** PT/OT/SLP, Child's name, parent/caregiver/nurse/aide (who came and/or was present during the evaluation)      **Mood/Behavior:** happy, sad, frustrated, un/cooperative, distracted

**Update since last session:** n/a

**OBJECTIVE:**

**Goals Addressed:** n/a      **Strategies/Intervention Used:** n/a

PT/OT/SLP evaluation using clinical observation and handling, parent/caregiver report, and name of assessment tool used were utilized.

**ASSESSMENT:**

**NO longer allowed to just write "Please see evaluation for complete details."**

Ex. \_\_\_ (child's name) participated well during his/her evaluation. PT attempted to use the Peabody (OR other assessment tool attempted) to obtain scores however due to \_\_\_\_\_'s limited comprehension to follow simple commands formal scores were not obtained. Informal assessment was used having \_\_\_\_\_ participate in other developmental skills in the treatment room and gym. Overall, \_\_\_\_\_'s biggest challenge is negotiating stairs, specifically walking down requiring moderate assistance. However \_\_\_\_\_ attempts to help him/herself holding onto the railings. \_\_\_\_\_ also has difficulty with challenging balance skills (in-line walking, single leg stand and hop). PT and family will look into ordering \_\_\_\_\_ new orthotics as he/she will outgrow his/her current ones soon.

**PLAN:**

**Recommendations:** Ex. PT/OT/SLP recommended once weekly to address \_\_\_\_\_'s presenting impairments, functional limitations, and parent/caregiver(s) concerns. OT and SLP evaluations also recommended to address other areas of concern and presenting delays.

**Continue Services:**     **Discharge Services:** \_\_\_\_\_  
**Decrease Services:** \_\_\_\_\_    **Increase Services:** \_\_\_\_\_

<b>Diagnosis/ICD-10</b>	<b>Code 1</b> <small>Treatment Code</small>	<b>Code 2</b> <small>Treatment or Medical Code</small>	<b>Place of Service:</b> Office	<b>Tax ID</b> 26-1878085
<b>Therapist Signature and Credentials</b>	YOUR (therapist or assistant) signature on file (Name and Credentials)			<b>Parent/Caregiver Interaction During Therapy: (mark all that apply)</b> <input checked="" type="checkbox"/> Discussed and showed session activity <input type="checkbox"/> Parent tried activity; Therapist assisted <input type="checkbox"/> N/A (Cancelled Session) <b>Parent/Caregiver Communication:</b> ___ex. PT/OT/SLP gave parents a handout for leg stretches to start practicing. _____
<b>Supervising Therapist Signature and Credentials</b>	ONLY signed if YOU are supervising an assistant; If NOT leave blank.			