Premier Pediatric Therapy
Bringing health and healing to children in need

90 DAY PROGRESS REPORT

VISIT INFORMATION

Start Date/Time: Date/time completed
Type of Visit: Interim Re-evaluation

THERAPY ASSESSMENT

Note: click on ? to verify information submitted by therapist.

Subjective: Include the following ?

(a) Primary language
(b) Language therapy will conducted in .....
(c) Person present during therapy session (Initial Eval. Date)
(d) Behaviors
(e) Equipments
(f) Dx
(g) Start of Care Date

Objective:

(a) Select all that apply

Assessment: Education & Teaching* ? click on question mark and copy/paste goals

(a) Progress on the treatment goals (Add current Level % each goal)

Plan: ?

Example: Continue POC. Goals will be continued to improve _____ skills and to ensure mastery of the skills. ST/OT/PT therapy services are recommended to continue to aid in increasing patient's overall functional and effective _____ within her/his home and everyday environment. / Modified POC / Pt. has mastered the following goals # /

OTHER

Medication Changes: Select one ○ Yes ○ No
Care of supplies: Check both boxes

DISHARGE PLANNING

(a) Answer each question
(b) Comments: Information of member continued need for therapy and prognosis. (Example: Patient is in a critical period to gain new skills and is at risk of regression without continued therapy services. Prognosis is good at this time. Pt. will be discharged from therapy when she/he has met goals and no longer requires skilled intervention)

CARE COORDINATION

Care coordination with

(a) Family/Caregiver (b) Physician (c) Assistant

Care Coordination Comments

(a) Member's attendance (visits completed) an compliance with home program for previous certification period

Example: Attendance: Service Period: --/--/-- to --/--/--; Pt. missed XX out of XX visits scheduled; due to illness, holiday and parent unavailable. Parent has been involved and participated in all therapy appointments. Parent asked appropriate questions and provided feedback regarding patient functioning in between sessions.

Patient Signature- Select "Signature not obtained"

Clinician Signature- Sign on your electronic device or select "Username and Password"