

Alachua County Public Schools  
**Physical Therapy Treatment Log**

Student Name: \_\_\_\_\_ Medicaid #: \_\_\_\_\_  
 School: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

<input type="checkbox"/> 97001 – PT Eval <input type="checkbox"/> 97110 – PT Ind. Tx. <input type="checkbox"/> 97150 – Pt. Grp. Tx. <input type="checkbox"/> 97110HM – PTA Ind. <input type="checkbox"/> 97150HM – PTA Grp.	Date: _____ # of Students: _____ Start Time: _____ Stop Time: _____  <p style="text-align: center;"><u><b>Progress Notes</b></u></p>
<input type="checkbox"/> Activities of Daily Living <input type="checkbox"/> Perceptual/Motor <input type="checkbox"/> Neuromuscular Func. <input type="checkbox"/> Sensory Integration <input type="checkbox"/> Handwriting <input type="checkbox"/> Safety Consult <input type="checkbox"/> Therapeutic Exercise <input type="checkbox"/> Motor Planning <input type="checkbox"/> Balance/Coordination <input type="checkbox"/> WIC Mobility Activities <input type="checkbox"/> Stander/Posture <input type="checkbox"/> G.T./Transfer <input type="checkbox"/> Equipment <input type="checkbox"/> Skin Integrity <input type="checkbox"/> Behavior Intervention <input type="checkbox"/> Other _____	<input type="checkbox"/> No Change <input type="checkbox"/> Progress <input type="checkbox"/> Mastered  Signature/Title/Date: _____
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