



# Yes! Physical Therapy, LLC

Feel Better, Be Better, Get to Yes!  
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5005 Signal Bell Lane, Suite 202, Clarksville, MD 21029 (410)-531-2150 - voice (410)-531-2130 – fax

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## 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 if circled)

BMI \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_ Resting Pulse \_\_\_\_\_ O<sub>2</sub> Sat (%) \_\_\_\_\_

Other:

### 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: \_\_\_\_\_