Louisiana Physical Therapy Board
2110 W. Pinhook Rd., Ste. 202 | Lafayette, Louisiana 70508
Phone 337-262-1043 | Fax 337-262-1054

Therapist Report Form

A. Participant: _____

B. Treating Physician: _____

a. Address: _____

b. Phone:( ) _____ Fax: ( )_____

C. Reporting Period: _____
(Indicate month or months client was seen)

D. Treatment issues addressed (as identified in Participation Agreement):
_____

E. Provide a brief comment regarding the progress made in treatment (or the lack thereof): _____
_____
_____
_____
_____

F. Frequency of sessions: _____(weekly, monthly, quarterly, etc)

Next scheduled session: _____

G . Number of sessions scheduled: _____ Number of sessions attended: _____

H. Reason(s) for missed sessions:_____
_____

I. Provided copy of Consent Order and/or Participation Agreement? Y N

J. Provided copy of Evaluation/Discharge Summary from primary provider? Y N

K. AA/NA attendance reported: Y N N/A

L. Any known alcohol or drug use: Y N N/A

M. Compliant with treatment: Y N

N. Anticipated date of completion of treatment: _____

_____ _____
Signature Date

PLEASE MAIL; DO NOT FAX AS FAXED COPIES WILL NOT BE ACCEPTED.