

# Physical Therapy Exercise Flow Sheet

Name:				
Age:		Gender:		
Date:		Time:		
Relevant medical history:				
Exercise 1:				
Sets	Repetitions	Duration	Frequency	Additional notes
Progress notes:				
Exercise 2:				
Sets	Repetitions	Duration	Frequency	Additional notes
Progress notes:				
Exercise 3:				
Sets	Repetitions	Duration	Frequency	Additional notes
Progress notes:				

**Exercise 4:**

Sets	Repetitions	Duration	Frequency	Additional notes

Progress notes:

**Exercise 5:**

Sets	Repetitions	Duration	Frequency	Additional notes

Progress notes:

**Additional notes**

Therapist name:

Therapist signature:

