

# Physical Therapy Exercise Flow Sheet

<b>Patient Information</b>	
Name:	
Age:	Gender:
Medical History:	

	Difficulty/Weight/ Speed	Sets	Reps	Frequency	Duration
<b>Exercise 1:</b>					
<b>Date/Time:</b>					
				times/day	minutes
<b>Progress Notes 1:</b>					
<b>Exercise 2:</b>					
<b>Date/Time:</b>					
				times/day	minutes
<b>Progress Notes 2:</b>					
<b>Exercise 3:</b>					
<b>Date/Time:</b>					
				times/day	minutes
<b>Progress Notes 3:</b>					

	Difficulty/Weight/ Speed	Sets	Reps	Frequency	Duration
<b>Exercise 4:</b>					
<b>Date/Time:</b>					
				times/day	minutes
<b>Progress Notes 4:</b>					

<b>Feedback and Comments</b>	
Please provide any feedback or comments regarding your experience with the exercises:	
Therapist's Name and Signature:	