

Physical Therapy Exercise Flow Sheet

Patient Information	
Name:	
Age:	Gender:
Medical History:	

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

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

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