



Physiotherapy Treatment Plan

1 Patient's details

1.1 Name:

1.4 Customer number:

1.2 Date of birth:

1.5 Policy number:

1.3 Post code:

1.6 Claim number:

2 Therapist details

2.1 Name:

Please tick your preferred method of contact.

2.3 Policy number:

2.2 Provider number:

2.4 Fax number:

2.5 Email address:

3 Key clinical findings

3.1 Date of diagnosis:

Please provide details of diagnosis for all conditions you are treating this patient for:

4 Treatment goals

5 Medications

Please list all medications the patient is currently taking for this condition or these conditions. Include the dose and the **date of commencement**:

6 Treatment Plan

Please summarise treatment to date and provide:

A proposed treatment plan or care pathway and the expected duration of this.

- The number of additional sessions being proposed.
- Any recommendations/home exercise programmes.
- Any other relevant information.

Please also provide a copy of the most recent medical practitioner letters if possible.

7 Your signature

I am this patient's therapist and confirm the information I have provided is correct to the best of my knowledge. I understand if any of the information is incorrect, this may affect my patient's claim for healthcare expenses.

7.1 Signature:

x

7.2 Please print name:

7.3 Date of birth:

This letter is available in other formats

If you would like a Braille, large print or audio version, please contact us.