**Patient Planning Form**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Describe what you understand about the patient’s diagnosis / presentation:** |
| **Comorbidities / Other Relevant Issues to Consider:** |
|  | **Treatment Ideas** | **Rationale / PT Goals Being Worked Toward** |
| If patient presents**worse** **than expected** |  |  |
| If patient presents**as expected** |  |  |
| If patient presents**better than expected** |  |  |