



Republic of the Philippines
 Department of Health
ZAMBOANGA CITY MEDICAL CENTER
 Dr. D. Evangelista St., Sta. Catalina, Zamboanga City, 7000



Patient's Information

Name: _____ Age: _____ Sex: _____ Religion: _____
 Address: _____ Civil Status: _____ Occupation: _____
 Telephone No.: _____
 Diagnosis: _____

OCCUPATIONAL THERAPY SECTION OT PROGRESS NOTES

Date: _____

S:

Chief Complaint: _____

O:

Vital Signs:

Before	After
--------	-------

BP:

PR:

RR:

Temp:

Special Test:

A:



P:

Response to Treatment:

Therapist Recommendations:

() Continue Occupational Therapy Treatment for _____

() Discontinue Occupational Therapy Treatment secondary to _____

Others _____

OT In-Charge

