



0300003

PLACE LABEL HERE.  
  
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**CHILDREN'S HOSPITAL  
THERAPEUTIC RECREATION PROGRESS NOTE**

**Patient Name:**

**Subjective:**

**Objective:**

Date	Intervention	Pain Y/N/UTA	Minutes	Therapist Name	Goals Addressed

**Assessment:**

**Patient/Family Teaching:** Family / Caregiver       present       not present for session.

Topic:

Taught:  Patient    Family    Significant Other    Mother    Father    Guardian    Care Partner    Other

Method:  Demonstration    Explanation    Handout    Video/DVD    Interpreter/Cyacom

Primary Language:

Learning Barriers:  None    Cognitive    Educational    Emotional    Motivation  
 Language    Cultural    Sensory    Other

Response:  Understands    Demonstrates    Needs Reinforcement    Needs complete review    Other

Comments:

**The following goals have been reviewed with the patient and/or family and will be met or reassessed by**  
 \_\_\_ / \_\_\_ / \_\_\_.



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**THERAPEUTIC RECREATION PROGRESS NOTE (CONTINUED)**

Goals:

Patient will:

LTG:

LTG:

LTG:

STG1:

STG2:

STG3:

STG4:

STG5:

STG6:

**Plan:**

Certified Therapeutic Recreation Specialist:

_____	_____	_____
Name	Date	Time

_____	_____	_____
Signature	Date	Time