



MOTION MENTORS PHYSICAL THERAPY

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THERAPY SESSION NOTES

DATE OF APPT: _____

MY TOP 3 GOALS/CONCERNS

To determine your goals, think about areas of pain or discomfort. Is there something that has been interfering with your sleep or work? Are there hobbies you are unable to enjoy because you lack range of motion? Have you recently had a new injury? All of these things can help you narrow down your top 3 concerns.

*We will likely **not** be able to work on all three, but this will help guide the session to make our time together beneficial and efficient.*

- 1 _____
- 2 _____
- 3 _____

EXERCISES/HOMEWORK

- 1 _____

- 2 _____

- 3 _____

- 4 _____

- 5 _____

OTHER NOTES
