**Thank you for this referral to *Name of Facility –*** **. The following is a summary of content areas covered (indicated by checked boxes) in sessions with this patient during treatment for their acute low back pain, based on your initial referral of**   /  /    **.**

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| **Patient Information:** |
|  |  |  |
| **Patient Name:**  |       | **HICN:**  |       | **DOB:**  |   /  /     |
|  |  |  |
| **Diagnosis Indicating Therapy:**  |       | **ICD-10 Code:**      |  |
|  |  |
| **Referring Physician:**  |       | **Start of Care Date:**  |   /  /     |  |  |
| **Total # of Visits:**  |     |  |  |  |  |
| **Progress Content Areas:** * **Communication**

[ ]  Active listening (eye contact, paraphrase/repeat back what patient says)[ ]  Facilitation of self-disclosure, activation philosophy (elicit patient’s concerns, discuss and reassure RE: activity) [ ]  Patient centered goal-setting / motivational interviewing (connect with patient RE: shared goals)* **Pain coping skills taught and reinforced**

[ ]  Relaxed breathing[ ]  Adaptive distraction skills (e.g., pleasant place imagery)[ ]  Balanced statements to counteract unhelpful thinking styles (e.g., pain catastrophizing, all-or-nothing thinking)* **Activity-based treatment**

[ ]  Graded activity (to reduce pain-related activity avoidance)[ ]  Graded exposure (to reduce fear-related motion avoidance)* **Physical impairment component – most appropriate classification (from APTA clinical practice guidelines):**

[ ]  Acute/subacute LBP with mobility deficits[ ]  Acute/subacute LBP with movement coordination impairments[ ]  Acute LBP with related (referred) lower extremity pain[ ]  Acute/subacute LBP with radiating pain* **Home exercise program:**

 [ ]  Specific activities integrating pain coping skills (as described above) [ ]  Specific education (e.g., web-based format)* **Treatment monitoring completed: Yes** [ ]  **No** [ ]

**Additional comments:**  |
|  |  |
| **Therapist’s Signature:** |  |  | **Date:** |    **/**    **/**    |
|  |
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