



# Patient SIGNATURE Log

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

DOB: \_\_\_\_\_

Med Rec: \_\_\_\_\_

Therapy Company: (if applicable) \_\_\_\_\_

Therapist Name, Credential, License Number: \_\_\_\_\_

**Use one log per week. We do not need originals.**

**You can leave copy with patient and send in fax/email copy once every other week to payroll schedule.**

**NOTE to THERAPIST:** If no one is available who is competent to sign, then please do your best to call patient representative at each session to let them know your name, discipline, and quick update on progress if possible.

Representative Name(s) and Relationship(s) if Patient is Unable to Sign

Name	Relationship
_____	_____
_____	_____
_____	_____

Add Date Under Day	UNITS		THERAPIST SIGNATURE	PATIENT OR REPRESENTATIVE SIGNATURE
	Eval Unit Check if Yes	# of Tx Units		
SUN	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>
MON	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>
TUES	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>
WED	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>
THURS	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>
FRI	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>
SAT	<input type="checkbox"/> Eval <input type="checkbox"/> Re-Eval		<b>X</b>	<b>X</b>