

## EARLY INTERVENTION TREATMENT RECORD

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX: MALE / FEMALE**

Patient seen at Home / Daycare / \_\_\_\_\_ By Therapist Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ From: \_\_\_ To: \_\_\_

Alert / Oriented / Lethargic / Co-op / Unco-op VC: Min / Mod / Max Cheerful / Playful / Crying \_\_\_\_\_

**Treatment :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Patient / Caregiver teaching:**

Information Taught	Who Was Taught	How Taught	Patient / Family Understanding/Response

**Consult with:** OT / PT / ST / RN / SW / Case Manager \_\_\_\_\_

**Plan:** Cont / Hold / D/C (See D/C Sum) due to \_\_\_\_\_

**Therapist /Sign and desig:** \_\_\_\_\_ **Parent / Teacher Sign:** \_\_\_\_\_

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