

ProFHER TRIAL: PHYSIOTHERAPY TREATMENT LOG - COMPLETION OF TREATMENT

Participant identification number:

Please record last used sheet number for Physiotherapy Treatment Log:

Name of person completing form:

Please complete appropriate section(s) below.

a) Was treatment completed (formal discharge)? (Please cross one box) Yes  No

Date of discharge:  /  /   
Day Month Year

Please record the **reason for discharge** by crossing one of the following

- Independent shoulder function achieved
- No improvement noted over several sessions
- Other

If **Other** please describe in box:

b) Was treatment not completed? (Please cross one box) Yes  No

Date of discharge:  /  /   
Day Month Year

Please record the **reason for discharge** by crossing one of the following boxes:

- Patient stopped attending
- Another problem intervened

If **Another problem intervened** please describe in box:

Other

If **Other** please describe in box:

Yes No

c) Did treatment start (i.e. patient never attended)? (Please cross one box)

Please return this and all other physiotherapy treatment log forms whether used or not to the designated person at your hospital. Thank you very much for completing this form.