Horizon Blue Cross Blue Shield of New Jersey

Reset Form

Functional Progress Chart

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

Member Name: _____ _____ _____
Last First MI

Member ID#: _____ Date of Birth: _____ / _____ / _____ Age: _____
MM DD YYYY

Diagnosis: _____

Therapy Office (Site/Location): _____ City: _____ State: _____ ZIP: _____

Treating Clinician: _____

ICD-9 (s): _____ Discipline: ☐ PT ☐ OT Involved Side: ☐ Left ☐ Right ☐ N/A

Date of Injury: _____ / _____ / _____ Date of Surgery: _____ / _____ / _____
MM DD YYYY MM DD YYYY

Product ***(check one):*** ☐ Horizon HMO ☐ Medicare Advantage ☐ Horizon POS ☐ Horizon Direct Access ☐ NJ PLUS

☐ **Clinical Update** ☐ **Additional Visits Request**

Number of Additional Visits Requested: _____	***Date:*** _____ / _____ / _____ MM DD YYYY	***Date:*** _____ / _____ / _____ MM DD YYYY
Total Number of Visits To Date		
Pain Scale 1 to 10 ____ (10 being the highest)		
Gait		
AROM		
Strength		
Proprioceptive/ Neurological Deficits		
Functional Limitations/ Additional Comments		