

# Pelvic Binding Treatment Plan

## Patient information

Name:

Age:

Gender:

Medical record number:

Date of admission:

## Assessment and diagnosis

Chief of complaint:

History of present illness:

Physical examination findings:

Imaging studies:

## Treatment

Indication for pelvic binding:

Pelvic binder placement and application:

Duration of pelvic binding:

**Additional notes and recommendations**

**Progress tracking**

Date	Progress notes	Additional notes