

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