

## Initial Physical Therapy Evaluation

Patient Name:	TIME:	Treatment Diagnosis				
Date of Visit:						
Physical Therapy Orders						
History of Present Illness						
Past Medical History						
Precautions						
Prior Functional Level						
Present Functional Level						
Psychosocial History						
Allergies				Medications		
Range of Motion/Strength					Orientation	Responsiveness
ROM/Strength	Muscle strength		ROM		<input type="checkbox"/> Name <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Agitation <input type="checkbox"/> Language Barrier <input type="checkbox"/> Specify:	<input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Responds to Verbal Cue <input type="checkbox"/> Painful Stimuli <input type="checkbox"/> Non-Responsive
	Right	Left	Right	Left		
Upper Extremities					<input type="checkbox"/> Follows Commands <input type="checkbox"/> Confused at Times	<b>Prior Ambulation</b>
					<b>Home Environment</b>	<b>Safety Awareness</b>
					<input type="checkbox"/> Alone <input type="checkbox"/> Board and Care <input type="checkbox"/> Convalescent/SN <input type="checkbox"/> Stairs	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good
Lower Extremities					<b>Sensation</b>	<b>Pain Status</b>
					<b>Trunk Strength/ROM</b>	<b>Psychosocial</b>
Tone						
Coordination					<b>Barriers in Learning</b>	<b>Endurance</b>
PHYSICAL THERAPIST :						

## Physical, Occupational & Speech Therapy Evaluations Guidelines

### Form #T3808-T

#### Procedure:

- Disability specific addendum sheet may be required.
- List additional discipline specific standardized tests performed (i.e., home evaluations, vestibular testing, etc.) as follows and attach results:
  - Physical Therapy T3808 in the Comments section at the bottom of page two;
  - Occupational Therapy T3809 in the Comments section at the bottom of page two;
  - Speech Therapy T3810 in the Addendum Evaluations section at the bottom.
- Prepared By (Name/Title): signature(s) of the staff member(s) who complete(s) Summary of Client Progress or Recommendations.
- Initial & Signature/Title Section: (at the bottom) is to be completed by all reviewing therapists and social workers
- If an addressograph is not available, hand write patient's name in the Patient Identification area