

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"/> Follows Commands <input type="checkbox"/> Confused at Times			<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	Prior Ambulation									
Upper Extremities												<input type="checkbox"/> Community <input type="checkbox"/> Household <input type="checkbox"/> Assist <input type="checkbox"/> Device <input type="checkbox"/> Non-Ambulatory		
Lower Extremities									Safety Awareness					
									<input type="checkbox"/> Alone <input type="checkbox"/> With He of daughter <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 <input type="checkbox"/> Needs Verbal/Tactile Cues		
Tone					Sensation			Pain Status						
Coordination					Trunk Strength/ROM			Psychosocial						
PHYSICAL THERAPIST :					Barriers in Learning			Endurance						

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