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3. Pain Screening



0 No Pain	1 Just Noticeable	2 Mild Pain	3 Uncomfortable Annoying Pain	4 Pain	5 Moderate Pain	6 Just Bearable	7 Strong Pain	8 Severe Pain	9 Horrible Pain	10 Worst Pain
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(Patient Label)

Pain Score

If Pain Score Above 3

Physician Informed

Location: _____

Duration: _____ Frequency: _____ Character: _____

4. Fall Risk Screening

Do you feel Unsteady when standing or walking? Do you worry about Falling?

Have you fallen in the past year? Visually Challenged Hearing Challenged

Gait or balance disturbance Patient on wheel chair or Ambulatory devices

Note: If yes for any of the above, complete the following interventions.

Interventions

Escort or Assist patient by GDA

Patient or attendant education on fall preventions and precautions

Orange band applied

Wheel chair or stretcher with brakes locked, side rails, low position

* This list is for guidance only and healthcare provider should use their clinical judgement if they suspect a patient as at risk of fall

Functional Evaluation:

Sensation:

Reflexes:

Range Of Motion:

Remarks:

Manual Muscle Test:

Muscle Tone:

PHYSIOTHERAPY TREATMENT PLAN	
Treatment Objectives	
Treatment Given	
Follow up Plan: (How often Pt needs FU?)	Date follow up appointment:

Physiotherapist Sign:

Date & Time: