Initial Physical Therapy Evaluation

Patient Name: Date of Visit:	TIME:	Treatment Diagnosis

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

ROM/Strength		Muscle strength		ROM	
		Right	Left	Right	Left
Upper Extremities					
Lower Extremities					
Tone					
Coordination					

Orientation

- ☐ Name
- ☐ Place
- ☐ Time
- ☐ Agitation
- ☐ Language Barrier
- ☐ Specify: _
- ☐ Follows Commands_
- ☐ Confused at Times

Responsiveness

- ☐ Alert
- ☐ Lethargic
- ☐ Responds to Verbal Cue
- ☐ Painful Stimuli
- ☐ Non-Responsive

Prior Ambulation

- ☐ Community
- ☐ Household
- ☐ Assist
- ☐ Device _____
- ☐ Non-Ambulatory

Home Environment

- ☐ Alone
- ☐ With He of daughter
- ☐ Board and Care
- ☐ Convalescent/SN
- ☐ Stairs

Safety Awareness

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Needs Verbal/Tactile Cues

Sensation

Pain Status

Trunk Strength/ROM

Psychosocial

Barriers in Learning

Endurance

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