Physical Therapy Evaluation Template

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### Personal Information

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Health History

* Chronic Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Physiotherapy History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Assessment

* Reason for Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pain Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Observation Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Functional Assessment

* Mobility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Plan of Care

* Treatment Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Suggested Sessions/Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home Exercise Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Professional Notes

* Therapist's Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Plan Modifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_