

Physical Therapy Evaluation Template

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: _____