

# Printable Physiotherapy Assessment Form

## Patient Profile

- Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Sex: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Medical Review

- Conditions: \_\_\_\_\_
- Surgeries: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

## Clinical Examination

- Pain Level (0 to 10): \_\_\_\_\_
- Affected Limb/Region: \_\_\_\_\_
- Flexibility: \_\_\_\_\_
- Strength: \_\_\_\_\_
- Coordination: \_\_\_\_\_

## Rehab Goals

- Immediate Goals: \_\_\_\_\_
- Long-Term Aims: \_\_\_\_\_

## Treatment Suggestions

- Therapy Types: \_\_\_\_\_
- Frequency: \_\_\_\_\_
- Duration: \_\_\_\_\_

### Observation

- Notes: \_\_\_\_\_
- Follow-Up: \_\_\_\_\_