ONSITE PHYSIO

INITIAL PHYSICAL THERAPY EVALUATION

Name:	ID:	Diagnosis	Date
Job Title	**Employer**	**Work Status**	**Surgery Date**

SUBJECTIVE

History/Symptoms:

PAIN LEVEL CURRENT WORST BEST

HAND DOMINANCE

Patient Goals:

PMHx / Meds:	Contraindications / Precautions:
	***** ***** *****

OBJECTIVE

ROM and Strength

Motion/Muscle						
AROM						
PROM						
MMT/Strength						

Palpation	Flexibility

Posture/Body Mechanics	Sensation

Gait	Balance

Special Tests	+/-	Functional Capability

4215 Southpoint Blvd.
Suite 190
Jacksonville, FL 32216
P. 866-907-4797
F. 866-908-4797

ONSITE PHYSIO

INITIAL PHYSICAL THERAPY EVALUATION

Name _____ *Date* _____

OTHER OBJECTIVE FINDINGS:	TREATMENT

BILLING

☐ Evaluation	☐ Home Exercise Program Instruction	☐ _____
☐ Manual Therapy	☐ Body Mechanics Training / Education	☐ _____
☐ Therapeutic Exercises	☐ Postural Training / Education	☐ _____
☐ Therapeutic Activities	☐ Gait Training	
☐ Neuromuscular Re-Education	☐ Ultrasound	

ASSESSMENT / PROBLEM LIST

Affecting , ,	
Affecting , ,	
Affecting , ,	
Affecting , ,	
Affecting , ,	
Rehabilitation Potential: ☐ Excellent ☐ Good ☐ Fair ☐ Poor	

GOALS

Short Term Goals	Weeks	Long Term Goals	Weeks
Pt will have improved			
Pt will have improved			
Pt will have improved			
Pt will have improved			

PLAN OF CARE

☐ Manual Therapy	☐ Home Exercise Program Instruction
☐ Therapeutic Exercises	☐ Body Mechanics Training / Education
☐ Therapeutic Activities	☐ Postural Training / Education
☐ Neuromuscular Re-Education	☐ Functional Task Training (RTW Specific)
☐ Gait Training	☐ Transfer Training
☐ Electrical Stimulation	☐ Balance Training
☐ Ultrasound	☐ _____
☐ Cryotherapy	☐ _____
☐ Heat	☐ _____

Frequency Patient will be seen times per week , for weeks.

4215 Southpoint Blvd.
Suite 190
Jacksonville, FL 32216
P. 866-907-4797
F. 866-908-4797