

**REGAL HOME SERVICES**

**CD**

MIAMI OFFICE

18260 NE 19" Ave Suite 104  
North Miami Beach, FL 33162  
T: 305-957-7224 F: 305-957-7224

**CD**

BROWARD OFFICE

5975 W Sunrise Blvd Suite 212  
Sunrise, FL 33313  
1: 954-714-3333 F: 954-485-6101

**CD**

BOCA OFFICE

3350 NW 2nd Ave Suite A-42  
Boca Raton, FL 33431  
T: 561-395-0505 F: 561-395-0506

**PI/OT EVALUATION**

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME (IN & OUT) \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_ DIET: \_\_\_\_\_ MEDICATION \_\_\_\_\_

MENTAL/SENSORY FUNCTION: \_\_\_\_\_

PERTINENT HISTORY OF PRESENT ILLNESS: \_\_\_\_\_

FUNCTIONAL STATUS: (Indicate appropriate assistance level below (1=Max 2=Mod 3= Min 4= Indep))

BED MOBILITY	TRANSFERS	ADIS	AMBULATION	BALANCE
Rolls, Turn (RT) <input type="checkbox"/>	Supine to/from sit <input type="checkbox"/>	Groom Self <input type="checkbox"/>	Comes to standing	Static Sit <input type="checkbox"/>
(LT) <input type="checkbox"/>	<b>Stand to/from bed</b> <input type="checkbox"/>	Feeds self <input type="checkbox"/>	Maintains Balance <input type="checkbox"/>	<b>Static Stand</b>
Moves Sideways (RT) <input type="checkbox"/>	<b>Stand to/from Toilet</b> <input type="checkbox"/>	Dresses self <input type="checkbox"/>	<b>Coordination</b> <input type="checkbox"/>	Dynamic Sits <input type="checkbox"/>
(IT) <input type="checkbox"/>	<b>Stand to/from Chair</b> <input type="checkbox"/>	Bathes self <input type="checkbox"/>	<b>Endurance</b> <input type="checkbox"/>	Dynamic Stands <input type="checkbox"/>
Comes to Sit	Sit to/from Toilet <input type="checkbox"/>		Weight bearing	Sensation <input type="checkbox"/>
Wheelchair Mobility	Tub/Shower		Stair climbing	
N/A Good	Wheelchair			
Fair Poor				

	ROM	STRENGTH	COORDINATION	EDEMA	SKIN INTEGRITY
RUE					
LUE					
RLE					
LIE					
NECK/TRUNK					

COMMENTS: \_\_\_\_\_

PRIOR FUNCTIONAL STATUS: \_\_\_\_\_

HOME THERAPY DUE TO: \_\_\_\_\_

GAIT EVAL/ASSISTIVE DEVICES: \_\_\_\_\_

ENVIRONMENT/SAFETY EVAL: \_\_\_\_\_

PAIN STATUS: 0 1 2 3 4 5 6 7 8 9 10

EFFECTIVENESS OF PAIN RELIEF MEASURES: - Good - Fair - Poor

LOCATION: \_\_\_\_\_

IS THERE A CHANGE IN PAIN:  No  Yes Explain: \_\_\_\_\_

Describe pain relief measures used by patient: \_\_\_\_\_

REASON CODE FOR COMPROMISED FUNCTION:

- (B) Poor Balance - (C) Coordination - (D) Dysprica (W) Weakness - (A) Anxiety/Fear - (R) Loss of ROM
- (M) Poor Postural/Body Mechanics (P) Pain - (G) Cognitive Deficit

