



Patient's Name:	Age:	Sex:	Religion:
Address:	Civil Status:		Occupation:
Diagnosis:			Date:

## INITIAL EVALUATION

**S:**  
**Chief Complaint:** \_\_\_\_\_

**HPI:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PMHx:**

	Yes	No	
DM	[ ]	[ ]	Type: _____
HPN	[ ]	[ ]	Stage: _____
Cardiac Disease	[ ]	[ ]	Remarks: _____
Pulmonary Disease	[ ]	[ ]	Remarks: _____
Previous Stroke	[ ]	[ ]	Remarks: _____
Trauma	[ ]	[ ]	Remarks: _____
Allergies	[ ]	[ ]	Remarks: _____

**FMHx:**

	Maternal		Paternal	
	Yes	No	Yes	No
DM	[ ]	[ ]	[ ]	[ ]
HPN	[ ]	[ ]	[ ]	[ ]
CVA	[ ]	[ ]	[ ]	[ ]
Cardiac Disease	[ ]	[ ]	[ ]	[ ]

**PSHx:**

	Yes	No	
Cigarette Smoker	[ ]	[ ]	Remarks: _____
Alcohol Beverage Drinker	[ ]	[ ]	Remarks: _____
Athletic	[ ]	[ ]	
Sedentary Lifestyle	[ ]	[ ]	
Personality Type: _____			

**O:**  
**Vital Signs:**

	Before	After	Before	After
Blood Pressure			Respiratory Rate	
Pulse Rate			Temperature	

**OI:**

_____ Ambulatory	[ ] with AD	[ ] without AD
_____ Wheelchair	[ ] bound	[ ] dependent
_____ Body type	[ ] ectomorph	[ ] mesomorph [ ] endomorph
_____ Level of Consciousness		
	[ ] alert	[ ] confused
	[ ] lethargic	[ ] obtunded
	[ ] stuporous	[ ] coma
_____ Facial asymmetry		
_____ Aphasia	type: _____	
_____ Apraxia	type: _____	
_____ Synergy	type: _____	
_____ Typical arm posture		
_____ Tongue deviation		
_____ Tremor	[ ] resting	[ ] intention
_____ Trophic skin changes		
_____ Swelling on _____		
_____ Atrophy on _____		
_____ Deformity on _____		
_____ Orthosis	type: _____	location: _____
_____ Pressure Sore	location: _____	grade: _____
_____ Postural Deviation (see Postural Analysis if (+))		
_____ Gait Deviation (see Gait Analysis if (+))		

**Palpation:**

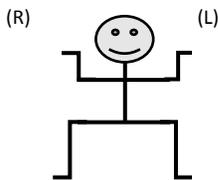
\_\_\_\_\_ Body temperature [ ] hypothermic [ ] normothermic [ ] hyperthermic  
 \_\_\_\_\_ Tenderness grade: \_\_\_\_\_ location: \_\_\_\_\_  
 \_\_\_\_\_ Edema/Effusion/Swelling (See LGM if (+) edema)  
 \_\_\_\_\_ Shoulder Subluxation  
 \_\_\_\_\_ Muscle Spasm  
 \_\_\_\_\_ Muscle Guarding

**Neurologic Evaluation:****Tone Assessment:**

[ ] Atonic  
 [ ] Flaccid  
 [ ] Normotonic  
 [ ] Hypertonic/Spastic Grade of Spasticity: \_\_\_\_\_  
 [ ] Rigid: ( ) Cogwheel ( ) Leadpipe  
 Muscle: \_\_\_\_\_

**Sensory Assessment:**

Sensations	UPPER EXTREMITY		LOWER EXTREMITY		TRUNK	
	Right	Left	Right	Left	Right	Left
<b>Superficial</b>						
Pain						
Temperature						
Light Touch						
Pressure						
<b>Proprioceptive</b>						
Movement Sense					NA	NA
Position Sense					NA	NA
Vibration						
<b>Cortical</b>						
Sharp/Dull Discrimination						
Tactile Localization						
Two-Point Discrimination						
Bilateral Simultaneous Stimulation						
Stereognosis						
Barognosis			NA	NA	NA	NA
Graphesthesia			NA	NA	NA	NA
Recognition of Texture			NA	NA	NA	NA

**DTR:****Legend:**

- O - areflexia
- + - hyporeflexia
- ++ - normoreflexia
- +++ - hyperreflexia
- ++++ - clonus

**Coordination Assessment:**

\_\_\_\_\_ Finger-to-Nose                      \_\_\_\_\_ Hand-Thigh                      \_\_\_\_\_ Finger Drumming  
 \_\_\_\_\_ Finger-Thumb                      \_\_\_\_\_ Past Pointing  
 \_\_\_\_\_ Hand Flip                              \_\_\_\_\_ Heel to Knee

**Balance Test:**

Test	Score
1. Sitting to standing	
2. Standing unsupported	
3. Sitting with back unsupported but feet supported on a stool	
4. Standing to sit	
5. Transfers	
6. Standing unsupported with eyes closed	
7. Standing unsupported with feet together	
8. Reaching forward with outstretched arm while standing	
9. Pick up object from the floor from a standing position	
10. Turning to look behind over your left and right shoulders while standing	
11. Turn 360 degrees	
12. Place alternate foot on step or stool while standing unsupported	
13. Standing unsupported one foot in front	
14. Standing on one leg	
<b>TOTAL (Maximum = 56)</b>	





**ADL Analysis:**

ADL	SCORE
<b>FEEDING</b> 10 = INDEPENDENT. Able to apply any necessary device. Feeds in reasonable time 5 = NEEDS HELP (e.g., for cutting)	
<b>BATHING</b> 5 = INDEPENDENT	
<b>PERSONAL TOILET/GROOMING</b> 5 = Independently washes face, combs hair, brushes teeth, shaves (manages plug if electric)	
<b>DRESSING</b> 10 = INDEPENDENT. Ties shoes, fastens fasteners, applies braces 5 = Needs help, but does at least half of work in reasonable time	
<b>BOWELS</b> 10 = NO ACCIDENTS. Able to use enema or suppository, if needed. 5 = Occasional accidents or needs help with enema or suppository	
<b>BLADDER</b> 10 = NO ACCIDENTS. Able to care for collecting device if used 5 = Occasional accidents or needs help with device	
<b>TOILET TRANSFERS</b> 10 = Independent with toilet or bedpan. Handles clothes, wipes, flushes, or cleans pan 5 = Needs help for balance, handling clothes or toilet paper	
<b>TRANSFERS – CHAIR AND BED</b> 15 = Independent, including locking of wheelchair; lifting footrests 10 = Minimum assistance or supervision 5 = Able to sit, but needs maximum assistance to transfer	
<b>AMBULATION</b> 15 = Independent for 50 yards. May use assistive devices, except for rolling walker 10 = With help, 50 yards 5 = Independent with wheelchair for 50 yards if unable to work	
<b>STAIRCLIMBING</b> 10 = INDEPENDENT. May use assistive devices 5 = Needs help or supervision	
<b>TOTAL</b>	

- A score of zero (0) is given in any category in which the patient does not achieve the stated criterion

**A:**

**Problem List:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**LTG:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**STG:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**P:**

**PT Management:**

Patient will be seen as an out-patient \_\_\_\_\_ x, every \_\_\_\_\_ and will receive the following PT Management

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_