GENERAL EVALUATION FORM

Date: 
Pt Name: Pt number: 
Diagnosis: 
Referred by: 
Visit #: 
Time in: Time out: Billable Units: 

Patient Information:

Patient Profile: 

Chief Complaint: 

Account of Current Condition: 
History of present injury: 
Current Symptoms: 
  Location: 
  Onset: 
  Character: 
  Intensity: 
  Duration: 
  Aggravating Factors: 
  Alleviating Factors: 
  24 hour behavior: 

PMH: 
  Medication/Allergies: 

Current Function %: 
  Standardized Functional Questionnaire: 
    DASH: 
    Modified Oswestry: 
    NDI: 
    LEFS: 

Personal and Environmental Factors: 
  Activity: 
  Occupation: 

Patient Goals: 

PT Goals: 

Systems Review: 

Cardiopulmonary: 
Neuromuscular: 
Integumentary: 
Musculoskeletal:
Tests and Measures:

Observation:
  Joint Clearing:
ROM:
Resisted Tests:
Flexibility:
Neurologic Screen:
Special Tests:
Joint Mobility:
Palpation:
Functional Tests:
Today's Intervention:

Evaluation:

Summary:
  Impairments:
  Functional Limitations:
Response to Today's Intervention:

Plan of Care:

Outcomes:
  STG:
  LTG:
Prognosis:
Intervention Plan:

Informed Consent:

(Patient or Guardian) has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outlined, including the given HEP.

Sign: ______
  ______
  ______
Date:    