**LIVING ENVIRONMENT**

16 Does your home have:  
- a □ Stairs, no railing  
- b □ Stairs, railing  
- c □ Ramps  
- d □ Elevator  
- e □ Uneven terrain  
- f □ Assistive devices (eg, bathroom):  
- g □ Any obstacles:  

17 Do you use:  
- a □ Cane  
- b □ Walker or rollator  
- c □ Manual wheelchair  
- d □ Motorized wheelchair  
- e □ Glasses, hearing aids  
- f □ Other:  

**18 Where do you live:**  
- a □ Private home  
- b □ Private apartment  
- c □ Shared living arrangement  
- d □ Board and care / assisted living / group home  
- e □ Homeless (with or without shelter)  
- f □ Long-term care facility (nursing home)  
- g □ Hospice  
- h □ Other: 

**19 GENERAL HEALTH STATUS**  
Please rate your health:  
- (1) □ Excellent  
- (2) □ Good  
- (3) □ Fair  
- (4) □ Poor  

b Have you had any major life changes during past year? (eg, new baby, job change, death of a family member)  
- (1) □ Yes  
- (2) □ No  

**20 SOCIAL/HEALTH HABITS**  
a Smoking  
(1) Currently smoke tobacco?  
- a □ Yes  
- b □ No  
1. Cigarettes:  
- # of packs per day __  
- (b) □ No  
2. Cigars/Pipes:  
- # per day __  
(b) □ No  

b Alcohol  
(1) How many days per week do you drink beer, wine, or other alcoholic beverages, on average? __  
(2) If one beer, one glass of wine, or one cocktail equals one drink, how many drinks do you have, on an average day? __  

c Exercise  
Do you exercise beyond normal daily activities and chores?  
- (a) □ Yes  
- (b) □ No  
1. On average, how many days per week do you exercise or do physical activity? __  
2. For how many minutes, on an average day? __  

**21 FAMILY HISTORY** (Indicate whether mother, father, brother/sister, aunt/uncle, or grandmother/grandfather, and age of onset if known)  
a Heart disease:  
- b Hypertension:  
- c Stroke:  
- d Diabetes:  
- e Cancer:  
- f Psychological:  
- g Arthritis:  
- h Osteoporosis:  
- i Other:  

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22 MEDICAL/SURGICAL HISTORY
a Please check if you have ever had:
(1) Arthritis (13) Multiple sclerosis
(2) Broken bones/ (14) Muscular dystrophy
fractures (15) Parkinson disease
(3) Osteoporosis (16) Seizures/epilepsy
(4) Blood disorders (17) Allergies
(5) Circulation/vascular (18) Developmental or growth
problems (19) Thyroid problems
(6) Heart problems (20) Cancer
(7) High blood pressure (21) Infectious disease
(8) Lung problems (eg, tuberculosis, hepatitis)
(9) Stroke (22) Kidney problems
(10) Diabetes/ (23) Repeated infections
high blood sugar (24) Ulcers/stomach problems
(11) Low blood sugar/ (25) Skin diseases
hypoglycemia (26) Depression
(12) Head injury (27) Other:

b Within the past year, have you had any of the following
symptoms? (Check all that apply)
(1) Chest pain (13) Difficulty sleeping
(2) Heart palpitations (14) Loss of appetite
(3) Cough (15) Nausea/vomiting
(4) Hoarseness (16) Difficulty swallowing
(5) Shortness of breath (17) Bowel problems
(6) Dizziness or blackouts (18) Weight loss/gain
(7) Coordination problems (19) Urinary problems
(8) Weakness in arms or legs (20) Fever/chills/sweats
(9) Loss of balance (21) Headaches
(10) Difficulty walking (22) Hearing problems
(11) Joint pain or swelling (23) Vision problems
(12) Pain at night (24) Other:

c Have you ever had surgery? (1) Yes (2) No
If yes, please describe, and include dates:
______________________________
Month Year

For men only: d Have you been diagnosed with prostate disease?
(1) Yes (2) No

For women only:
Have you been diagnosed with:
(1) Pelvic inflammatory
disease (2) Yes (3) No
(1) Endometriosis? (2) Yes (3) No
(1) Trouble with your period? (2) Yes (3) No

23 CURRENT CONDITION(S)/CHIEF COMPLAINT(S)
a Describe the problem(s) for which you seek physical therapy:

b When did the problem(s) begin (date)?
Month Year

c What happened? ____________________________

d Have you ever had the problem(s) before?
(1) Yes (2) No
a) What did you do for the problem(s)?

b) Did the problem(s) get better?
(1) Yes 2) No

(2) No
(e) About how long did the problem(s) last?

24 FUNCTIONAL STATUS/ACTIVITY LEVEL (Check all that apply):
a [ ] Difficulty with locomotion/movement:
   (1) bed mobility
   (2) transfers (such as moving from bed to chair, from
bed to commode)
   (3) gait (walking)
      (a) on level
      (b) on ramps
      (c) on stairs
      (d) on uneven terrain
b [ ] Difficulty with self-care (such as bathing, dressing, eating,
toiletting)
c [ ] Difficulty with home management (such as household
chores, shopping, driving/transportation, care of dependents)
d [ ] Difficulty with community and work activities/integration
   (1) work/school
   (2) recreation or play activity

25 MEDICATIONS
a Do you take any prescription medications? (1) Yes (2) No
If yes, please list:

b Do you take any nonprescription medications?
(Check all that apply)
(1) Advil/Aleve  (6) Decongestants
(2) Antacids  (7) Herbal supplements
(3) Ibuprofen/  (8) Tylenol
Naproxen  (9) Other:

(c) Have you taken any medications previously for the
condition for which you are seeking the physical therapist?
(1) Yes (2) No If yes, please list:

26 OTHER CLINICAL TESTS—Within the past year, have you had any of the
following tests? (Check all that apply)
a [ ] Angiogram  m [ ] Mammogram
b [ ] Arthroscopy  n [ ] MRI
c [ ] Biopsy  o [ ] Myelogram
d [ ] Blood tests  p [ ] NCV (nerve conduction velocity)
e [ ] Bone scan  q [ ] Pap smear
f [ ] Bronchoscopy  r [ ] Pulmonary function test
g [ ] CT scan  s [ ] Spinal tap
h [ ] Doppler ultrasound  t [ ] Stool tests
i [ ] Echocardiogram  u [ ] Stress test (eg, treadmill, bicycle)
j [ ] EEG (electroencephalogram)  v [ ] Urine tests
k [ ] EKG (electrocardiogram)  x [ ] X-rays
l [ ] EMG (electromyogram)  y [ ] Other: ____________________

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**COMMUNICATION, AFFECT, COGNITION, LEARNING STYLE**

<table>
<thead>
<tr>
<th>Communication (eg, age-appropriate)</th>
<th>Not Impaired</th>
<th>Impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation x 3 (person/place/time)</td>
<td>Not Impaired</td>
<td>Impaired</td>
</tr>
<tr>
<td>Emotional/behavioral responses</td>
<td>Not Impaired</td>
<td>Impaired</td>
</tr>
</tbody>
</table>

**Learning barriers:**
- [ ] None
- [ ] Vision
- [ ] Hearing
- [ ] Unable to read
- [ ] Unable to understand what is read
- [ ] Language/needs interpreter
- [ ] Other: ____________________________________________

**How does patient/client best learn?**
- [ ] Pictures
- [ ] Reading
- [ ] Listening
- [ ] Demonstration
- [ ] Other: ____________________________________________

---

**CARDIOVASCULAR/PULMONARY SYSTEM**

<table>
<thead>
<tr>
<th>Heart rate: __________________________</th>
<th>Not Impaired</th>
<th>Impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory rate: ____________________</td>
<td>Not Impaired</td>
<td>Impaired</td>
</tr>
<tr>
<td>Blood pressure: ______________________</td>
<td>Not Impaired</td>
<td>Impaired</td>
</tr>
<tr>
<td>Edema: ______________________________</td>
<td>Not Impaired</td>
<td>Impaired</td>
</tr>
</tbody>
</table>

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**INTEGUMENTARY SYSTEM**

<table>
<thead>
<tr>
<th>Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pliability (texture): __________________</td>
</tr>
<tr>
<td>Presence of scar formation: ____________</td>
</tr>
<tr>
<td>Skin color: __________________________</td>
</tr>
<tr>
<td>Skin integrity: ______________________</td>
</tr>
</tbody>
</table>

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**MUSCULOSKELETAL SYSTEM**

<table>
<thead>
<tr>
<th>Gross Symmetry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing: ____________________</td>
</tr>
<tr>
<td>Sitting: _____________________</td>
</tr>
<tr>
<td>Activity specific: ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Range of Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Impaired</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Impaired</td>
</tr>
</tbody>
</table>

**Other: ____________________________________________

<table>
<thead>
<tr>
<th>Height ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight ____________________</td>
</tr>
</tbody>
</table>

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**NEUROMUSCULAR SYSTEM**

<table>
<thead>
<tr>
<th>Gross Coordinated Movements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance: ____________________</td>
</tr>
<tr>
<td>Gait: ________________________</td>
</tr>
<tr>
<td>Locomotion: _________________</td>
</tr>
<tr>
<td>Transfers: _________________</td>
</tr>
<tr>
<td>Transitions: _______________</td>
</tr>
<tr>
<td>Motor function (motor control, motor learning)</td>
</tr>
</tbody>
</table>

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**DOCUMENTATION TEMPLATE FOR PHYSICAL THERAPIST PATIENT/CLIENT MANAGEMENT**

Systems Review

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## KEY TO TESTS AND MEASURES:

<table>
<thead>
<tr>
<th>Test/Measure</th>
<th>Test/Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aerobic Capacity/Endurance</td>
<td>14. Neuromotor Development and Sensory Integration</td>
</tr>
<tr>
<td>2. Anthropometric Characteristics</td>
<td>15. Orthotic, Protective, and Supportive Devices</td>
</tr>
<tr>
<td>4. Assistive and Adaptive Devices</td>
<td>17. Posture</td>
</tr>
<tr>
<td>6. Cranial and Peripheral Nerve Integrity</td>
<td>19. Range of Motion (Including Muscle Length)</td>
</tr>
<tr>
<td>7. Environmental, Home, and Work (Job/School/Play) Barriers</td>
<td>20. Reflex Integrity</td>
</tr>
<tr>
<td>9. Gait, Locomotion, and Balance</td>
<td>22. Sensory Integrity</td>
</tr>
<tr>
<td>10. Integumentary Integrity</td>
<td>23. Ventilation and Respiration/Gas Exchange</td>
</tr>
<tr>
<td>11. Joint Integrity and Mobility</td>
<td>24. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (Including Instrumental Activities of Daily Living)</td>
</tr>
<tr>
<td>12. Motor Function (Motor Control and Motor Learning)</td>
<td></td>
</tr>
<tr>
<td>13. Muscle Performance (Including Strength, Power, and Endurance)</td>
<td></td>
</tr>
</tbody>
</table>

## NOTES:

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PROGNOSIS:

Musculoskeletal Patterns
- A: Primary Prevention/Risk Reduction for Skeletal Demineralization
- B: Impaired Posture
- C: Impaired Muscle Performance
- D: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Connective Tissue Dysfunction
- E: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Localized Inflammation
- F: Impaired Joint Mobility, Motor Function, Muscle Performance, Range of Motion, and Reflex Integrity Associated With Spinal Disorders
- G: Impaired Joint Mobility, Muscle Performance, and Range of Motion Associated With Fracture
- H: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Joint Arthroplasty
- I: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Bony or Soft Tissue Surgery
- J: Impaired Motor Function, Muscle Performance, Range of Motion, Gait, Locomotion, and Balance Associated With Amputation

Neuromuscular Patterns
- A: Primary Prevention/Risk Reduction for Loss of Balance and Falling
- B: Impaired Neuromotor Development
- C: Impaired Motor Function and Sensory Integrity Associated With Nonprogressive Disorders of the Central Nervous System—Congenital Origin or Acquired in Infancy or Childhood
- D: Impaired Motor Function and Sensory Integrity Associated With Nonprogressive Disorders of the Central Nervous System—Acquired in Adolescence or Adulthood
- E: Impaired Motor Function and Sensory Integrity Associated With Progressive Disorders of the Central Nervous System
- F: Impaired Peripheral Nerve Integrity and Muscle Performance Associated With Peripheral Nerve Injury
- G: Impaired Motor Function and Sensory Integrity Associated With Acute or Chronic Polyneuropathies
- H: Impaired Motor Function, Peripheral Nerve Integrity, and Sensory Integrity Associated With Nonprogressive Disorders of the Spinal Cord
- I: Impaired Arousal, Range of Motion, and Motor Control Associated With Coma, Near Coma, or Vegetative State

Cardiovascular/Pulmonary Patterns
- A: Primary Prevention/Risk Reduction for Cardiovascular/Pulmonary Disorders
- B: Impaired Aerobic Capacity/Endurance Associated With Deconditioning
- C: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated With Airway Clearance Dysfunction
- D: Impaired Aerobic Capacity/Endurance Associated With Cardiovascular Pump Dysfunction or Failure
- E: Impaired Ventilation and Respiration/Gas Exchange Associated With Ventilatory Pump Dysfunction or Failure
- F: Impaired Ventilation and Respiration/Gas Exchange Associated With Respiratory Failure
- G: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated With Respiratory Failure in the Neonate
- H: Impaired Circulation and Anthropometric Dimensions Associated With Lymphatic System Disorders

Integumentary Patterns
- A: Primary Prevention/Risk Reduction for Integumentary Disorders
- B: Impaired Integumentary Integrity Associated With Superficial Skin Involvement
- C: Impaired Integumentary Integrity Associated With Partial-Thickness Skin Involvement and Scar Formation
- D: Impaired Integumentary Integrity Associated With Full-Thickness Skin Involvement and Scar Formation
- E: Impaired Integumentary Integrity Associated With Skin Involvement Extending Into Fascia, Muscle, or Bone and Scar Formation

PROGNOSIS:
Anticipated Goals: 

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Expected Outcomes: 

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Interventions: 

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Education (including safety, exercise, and disease information): 

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Who was educated?  □ Patient/client  □ Family (name and relationship):

How did patient/family demonstrate learning:

□ Patient/client verbalizes understanding
□ Family/significant other verbalizes understanding
□ Patient/client demonstrates correctly
□ Demonstration is unsuccessful (describe):

________________________________________________________________________________________________________
________________________________________________________________________________________________________

Discharge Plan: 

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Frequency of Visits/Duration of Episode of Care:

________________________
________________________
________________________