



## GENERAL EVALUATION FORM

Date:

Pt Name:

Pt number:

Diagnosis:

Referred by:

Visit #:

Time in:

Time out:

Billable Units:

### **Patient Information:**

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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:**

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Cardiopulmonary:

Neuromuscular:

Integumentary:

Musculoskeletal:



### **Tests and Measures:**

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Observation:

Joint Clearing:

ROM:

Resisted Tests:

Flexibility:

Neurologic Screen:

Special Tests:

Joint Mobility:

Palpation:

Functional Tests:

Today's Intervention:

### **Evaluation:**

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Summary:

Impairments:

Functional Limitations:

Response to Today's Intervention:

### **Plan of Care:**

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Outcomes:

STG:

LTG:

Prognosis:

Intervention Plan:

### **Informed Consent:**

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

Sign: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: