Complete Pulmonary Rehab

Physical Therapy Initial Evaluation

Patient Name:			
SSN:		DOB:	
Treatment Diagnosis:			
Referring Physician:			
Prior Level of Function:			

Subjective and History:

Date of Onset:	
Pain:	
Objective:	
*Balance:	
*AROM:	
*Strength:	
*Gait/Posture:	
*Neurological:	
*Special Test:	

Problem List:					
	Pain		ADL/Functional Abilities	Other:	
	AROM		Activity Tolerance		
	Strength		Flexibility/Joint Mobility		
	Edema Affecting Function		Function Transfer Abilities		
	Impaired Gait/Balance				

Rehabilitation Potential:		Excellant		Good		Fair		Poor

Patient Goal(s):

Short Term Goals: To be accomplished in (weeks/treatments)
Long Term Goals: To be accomplished in (weeks/treatments)
Plan:

Treatment List:					
	Pain		ADL/Functional Abilities	Other:	
	AROM		Activity Tolerance		
	Strength		Flexibility/Joint Mobility		
	Edema Affecting Function		Function Transfer Abilities		
	Impaired Gait/Balance				

Plan:

Frequency/Durations: Patient to be seen times per week for weeks.

Patient/Caregiver education and Instructions:

	Self-Care		Activity Modification		Brace/Splint Application		Exercise		Other