

Comprehensive Functional Assessment of Physical Therapy

RESIDENT'S NAME	RESIDENCE
DATE OF BIRTH	DSHS NUMBER
DATE	EVALUATION BY:

Information for this report was obtained through clinical interaction, observations, record review and caregiver interviews.

Diagnosis

Physical therapy related history

Reflexes / reactions

Muscle tone

Range of motion

Posture

Functional muscle strength

Transfers / ambulation

Weaknesses / Needs

Rehabilitation Potential

Adaptive Equipment

Equipment list and reason for use:

Ability to care for and maintain:

Level of support for use and care of adaptive equipment:

Monitoring

House staff will report to nursing or PT any concerns relating to safety, function, comfort, mobility, and positioning.

Recommendations

SIGNATURE OF PHYSICAL THERAPIST COMPLETING EVALUATION	DATE
PRINTED NAME	