Visit Length:­­­­\_\_\_\_\_\_\_\_

An evaluation of this was requested by to assess

**Diagnoses** known at this time include:

**Other factors impacting function** include:

**Prior Level of function**:

Currently living in with:

**Current Functional Status**:

Mobility

Cognition

Mental health

Financial

ADLs

Sensory/ pain

Socialization

**Treatment provided today**:

**Assessment:**

**Problem List:**

**Recommendations:**

**Plan:** Frequency, Duration

**GOALS:**

**PATIENT SPECIFIC FUNCTIONAL SCALE**

|  |  |  |  |
| --- | --- | --- | --- |
| I am going to ask you to identify up to **three important activities and areas of participation** that you are unable to do or are having difficulty with as a result of the problems you described. 10 = unable, 0 = fully able.(This is not a problem list, these are areas of engagement, what the client DOES that is not up to par.)Convert the 0-10 scale to %: i.e.: 3 =30% | We may want to compare how you’re doing after therapy, so on a scale of 0 to 10, (10 = unable to do activity), **HOW MUCH does this problem interfere with the activities or participation?**  | You, therapists, list your goal for each area. (0 = fully able) | When I assessed you on (date) you told me that you had difficulty with (read activities). **Today do you still have trouble with (read and score each activity).**  |
| 1. 2. 3.  | 1. 2. 3.  | 1. 2. 3.  | 1. 2.3. |
| **Totals:** add scores and divide by # activities: i.e. If scores were 2 + 4 + 1 = 7, (or 20 + 40 + 10 = 70) divide by 3 activities, would be: 70/3 = 23%  | Total:  |   | Total: |

**LONG TERM GOAL:**

Therapist Signature: Date