**Evaluation referred by, to assess: Visit Length:**

Medical and treatment diagnosis

Current living situation:

Other factors impacting function:

Prior Level of function:

**ROM and STRENGTH:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Joint or Muscle group** | **R**  **ROM** | **L**  **ROM** | **R**  **Strength** | **L Strength** | **Muscle functions: tone, strength, endurance** | **Joint functions: stability, alignment, range** | **Comments /areas of concern** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**COGNITIVE / SENSORY / PERCEPTUAL FUNCTIONS**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Intact | Impaired |  |  | Intact | Impaired |
| Alertness |  |  |  | Problem Solving |  |  |
| Oriented to person, place and time |  |  |  | Initiation |  |  |
| Attention span |  |  |  | Sequencing |  |  |
| Direction Following |  |  |  | Completion |  |  |
| Memory |  |  |  | Organization |  |  |
| Communication |  |  |  | Safety Awareness |  |  |
| Error Recognition |  |  |  | Judgment |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Intact** | **Impaired** | **Comments** |
| Hearing |  |  |  |
| Visual / Perceptual Skills |  |  |  |
| Sensation / Proprioception |  |  |  |
| Motor Planning |  |  |  |

**CURRENT FUNCTIONAL STATUS**

Mobility

ADLs

Cognition

Sensory /pain

Mental health

Socialization

Financial

Medication Management

**Treatment provided today and response**:

**ASSESSMENT**:

**Short term Goal: PATIENT SPECIFIC FUNCTIONAL SCALE: Add G-CODE area to grid from one of the following:**

Mobility, Position, Handling, Self-Care, Other, Swallow, Attention, Memory, Motor Speech,

Spoken Language Comp, Spoken Language Expr, Voice

|  |  |  |  |
| --- | --- | --- | --- |
| This is not a problem list, these are areas of engagement or function: What the client is UNABLE TO DO that is not up to par. **Pick one or two, or add others if needed.** | HOW MUCH does this problem interfere with activities or participation? | Therapist’s goal. | **10th visit or**  DC Status: |
| 1. Unable to do\_\_\_\_\_ because of 2. Lacks confidence to \_\_\_\_\_\_ 3. Takes extra time to \_\_\_\_\_\_\_ 4. Makes poor judgment about \_\_\_\_\_\_ 5. Does not follow through with\_\_\_\_\_ 6. Has pain while \_\_\_\_\_\_ 7. Has low energy or endurance for \_\_\_\_\_ 8. CG needs \_\_\_\_\_\_\_\_\_ 9. Home needs\_\_\_\_\_\_ 10. Other | 100% impaired to 0% impaired  A.  B.  C.  D.  E.  F.  G  H.  I.  J | 100% to 0% impaired  A.  B.  C.  D.  E.  F.  G.  H.  I.  J. | 100% to 0% impaired  A.  B.  C.  D.  E.  F. |
| **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:**  This % goes in **box A** on grid | **Total:**  This % goes in **Boxes B & C** on grid | **Total:**  This % goes **in box D** on grid |

**LONG TERM GOAL**:

**FREQUENCY**: \_\_\_\_ x’s per week or month **DURATION**: \_\_\_\_ # of weeks

**Therapist Signature:** **Date:**

**CERIFICATION OF PLAN OF CARE BY MD:**

**\_\_\_\_** **I agree** with this plan and the medical information is complete.

\_\_\_\_ Other medical issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **I disagree** with this plan because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Physician’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Physician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please fax this information to confidential fax: 877-334-0714 1-4-19**

**information to confidential fax: 877-334-0714 01/04/19**