

## Initial Physical Therapy Evaluation Report

*You may insert your agency's name and contact information into the header*

---

**Name:** *Insert Client's Name*

**Date of Birth:** *Insert Client's Date of Birth*

**SS #:** *Insert Last 4 digits of Client's SS#*

**Date of Report:** *Insert Date of Report*

**Dates of Service:** *Insert Dates of Service*

**Physical Therapist's Name:** *Insert your name and credentials*

**Case Manager:** *Insert Case Manager's Name*

**Case Manager's Agency:** *Insert Case Manager's Agency*

---

### Referral Information:

*Insert referral information from the IDT's request for a physical therapy assessment and evaluation report.*

### Background Information:

*Insert relevant background information regarding medical and social history of the individual. You may wish to include information regarding the individual's current living arrangements and current day activities.*

### Diagnoses Relevant to Physical Therapy:

*Insert information regarding diagnosis that are pertinent to your service (if you are not including all of the individual's diagnosis, note in this section that not all diagnosis are listed, just those related to physical therapy).*

### Physical Therapy Evaluation:

*Include information regarding the assessment tools used or the method used to gather information. Areas for assessment in a general initial assessment might include those suggested by the APTA and listed below:*

#### *Systems Review*

**CARDIOVASCULAR/PULMONARY SYSTEM** \_\_ Not Impaired \_\_ Impaired

**Heart rate:** \_\_\_\_\_

**Respiratory rate:** \_\_\_\_\_

*(The information in this header must appear on each page after the initial page)*

Name: *Insert Client's Name*

Initial Physical Therapy Evaluation Report

Date of Report: *Insert Date of Report*

*Insert Page #*

**Blood pressure:** \_\_\_\_\_

**Edema:** \_\_\_\_\_

**INTEGUMENTARY SYSTEM** \_\_ *Not Impaired* \_\_ *Impaired*

**Integrity**

*Pliability (texture):* \_\_\_\_\_

*Presence of scar formation:* \_\_\_\_\_

*Skin color:* \_\_\_\_\_

*Skin integrity:* \_\_\_\_\_

**MUSCULOSKELETAL SYSTEM**

**Gross Range of Motion** \_\_ *Not Impaired* \_\_ *Impaired*

**Gross Strength** \_\_ *Not Impaired* \_\_ *Impaired*

**Gross Symmetry** \_\_ *Not Impaired* \_\_ *Impaired*

*Standing:* \_\_\_\_\_

*Sitting:* \_\_\_\_\_

*Activity specific:* \_\_\_\_\_

*Other:* \_\_\_\_\_

*Height:* \_\_\_\_\_

*Weight:* \_\_\_\_\_

**NEUROMUSCULAR SYSTEM**

**Gross Coordinated Movements**

*Balance* \_\_ *Not Impaired* \_\_ *Impaired*

*Gait* \_\_ *Not Impaired* \_\_ *Impaired*

*Locomotion* \_\_ *Not Impaired* \_\_ *Impaired*

*Transfers* \_\_ *Not Impaired* \_\_ *Impaired*

*(The information in this header must appear on each page after the initial page)*

**Name:** *Insert Client's Name*

**Initial Physical Therapy Evaluation Report**

**Date of Report:** *Insert Date of Report*

*Insert Page #*

*Transitions* \_\_ *Not Impaired* \_\_ *Impaired*

**Motor function** (*motor control, motor learning*) \_\_ *Not Impaired* \_\_ *Impaired*

*If an area is found to be impaired you may wish to include the results of more testing or observation which supplies more in depth information.*

**Interpretation of Assessment Data:**

*The interpretation of the assessment data may be included in the previous section or given a separate section under this heading. You should use the interpretation section to explain to the individual and the IDT the significance of the assessment information. For example, if during the assessment you discovered a limitation in range of motion or a risk for skin breakdown this information and the significance of the information should be explained in clear language in this section.*

**Referrals:**

*Indicate in this section if your assessment revealed the need for a referral to a service other than or in addition to physical therapy.*

**Recommendations:**

*Use this section to give your recommendations regarding the need for physical therapy under the DD Waiver. Because the TSPAR will only be completed if the IDT determines to proceed with physical therapy, you will not include information regarding the number of units requested in this Initial Physical Therapy Evaluation Report.*

**Initial Physical Therapy Goals and Objectives:**

*Insert you recommended initial Physical Therapy Goal(s) and supporting measurable objectives (If you have more than one goal for this individual, provide your suggested measurable objectives for each goal). Including information regarding the proposed areas to be addressed by physical therapy will assist the IDT in determining if this is a service that should be added for the individual.*

*Therapist's Signature*

*Insert Date Report Was Signed*

---

*Insert printed Therapist's Name and Credentials*

*Insert Name of Therapy Agency*

*Insert Therapy Agency Phone #*

*Insert Distribution List*