Your Hospital's Logo Here

REHABILITATIVE SERVICES
PHYSICAL THERAPY CONSULTATION

☐ *Hospital* ☐ *Long Term Care*

PATIENT IDENTIFICATION

ADMITTING DIAGNOSIS:	PAST MEDICAL HISTORY:
GENERAL OBSERVATION / SUBJECTIVE:	

PRIOR LEVEL OF FUNCTION: LIVING SITUATION: ☐ ALONE ☐ FAMILY ☐ OTHERS _____

MOBILITY: GAIT: _____ DEVICE: _____ TRANSFERS: _____ SELF-CARE: _____

RESIDENCE: ☐ HOUSE ☐ APARTMENT ☐ OTHER: _____

ENTRANCE: ☐ ELEVATOR ☐ FLIGHTS # _____ ☐ STEPS # _____ ☐ RAILING L/R

MENTAL STATUS: ☐ Oriented to PERSON ☐ Oriented to PLACE ☐ Oriented to TIME

LEVEL OF ALERTNESS: ☐ ALERT ☐ LETHARGIC ☐ UNRESPONSIVE

PAIN AT TIME OF ASSESSMENT:

1 2 3 4 5 6 7 8 9 10

Physical Function Categories	Range of Motion		Strength		Not Tested	Comments
	WFL	Limited	WFL	Decreased		
Upper Extremities						
Lower Extremities						
Trunk						

Neurology	WFL	Impaired	Not Tested	Comments
Tone				
Proprioception				
Coordination				

Balance	Static					Dynamic					Comments
	Norm	Good	Fair	Poor	N/T	Norm	Good	Fair	Poor	N/T	
Seated											
Standing											

Mobility Key: **I** = Independent **S** = Supervision **Min A** = Minimal Assistance **Mod A** = Moderate Assistance **Max A** = Maximum Assistance
D = Dependent **N/A** = Not Assessed

	I	S	Min A	Mod A	Max A	D	N / A
Rolling							
Supine to Sit							
Sit to Stand							
Bed to Chair							
Ambulation WB Status Distance: _____							
Device:							
Stairs:							

RECOMMENDATIONS

☐ **Patient recommended for Physical Therapy while in hospital:**

Functional goals / Initial Plan of Care

☐ **Transfers** ☐ **Strengthening / Endurance** ☐ **Bed Mobility**
☐ **Gait Training** ☐ **Balance / Coordination Training** ☐ **Other** _____

☐ **No skilled Physical Therapy needed while in hospital**

☐ **Patient / Family Education** _____

Equipment Needed _____ **Issued:** ☐ **Y** ☐ **N**

DISCHARGE RECOMMENDATION as of date of this evaluation

☐ **Home** ☐ **Skilled / Subacute PT**
☐ **Home with PT** ☐ **Acute / Comprehensive PT**
☐ **Outpatient PT** ☐ **Long Term Care**

SIGNATURE:	DATE:	PAGER / EXTENSION:

PART OF THE MEDICAL RECORD