

PHYSICAL THERAPY ASSESSMENT FORM

Physiotherapist Name: Hadil Alhaddad

Personal History:

Name:
Address
Gender: M F
Phone:
Birth Date:
Age:
Occupation:
Marital status: S/M/D/W
In case of emergency whom may we contact?

Current Health Condition

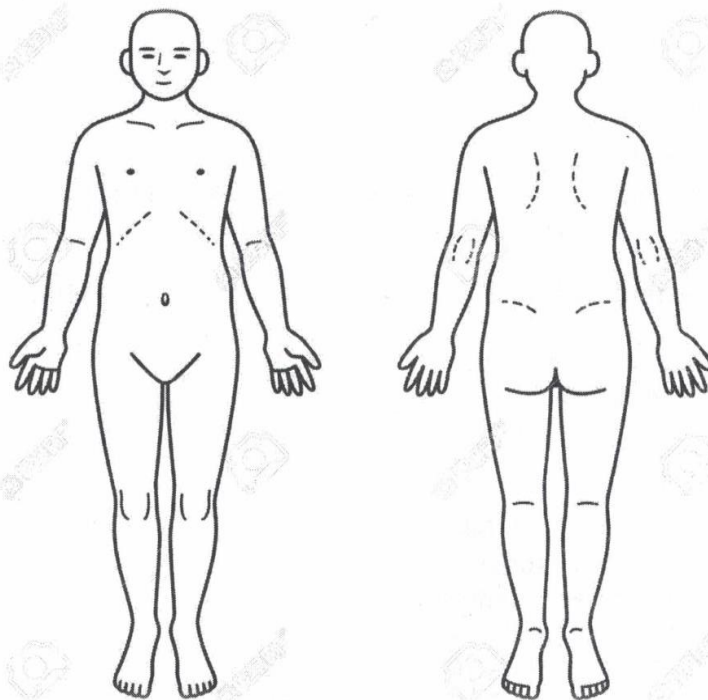
Current complaint(s) ?
Onset of this condition?
How did this happen?
Is it getting: worse better comes/goes
 same

Aggravating factors: Sitting Standing
 Bending
 lifting Walking Other.....
Worst:...../10

Relieving factors: bed rest ice heat
 massage medication Other

Best:...../10
Pain Rating (24 hrs)
AM:
PM:
Day:

How this problem does interfere with work or family and social time or hobbies?



Area: located radiated

Numbness SSS	Dull DDD	Pins & Needles OOO
Burning XXXX	Aching EEEE	Stabbing /////
Throbbing/Diffuse TTTT		Deep/Nagging NNN

Discomfort/Pain rate: 0-1-2-3-4-5-6-7-8-9-10

Dominance R / L

Has this happened before:
 Previous physio Treatment: Y/N
 Type of treatment:
 Result:
 Is condition: Job Auto Home injury Fall
 Other

Diagnostic Tests last 6 months:
 x-ray Bone scan
 MRI Ultrasound
 blood test Other

Do you suffer from any condition other than for which you are now consulting us?

Past Medical History
 Aneurysm, Epilepsy Hepatitis Sinus condition Osteoporosis Cancer
 Respiratory condition Systemic illness
 Surgery Trauma Osteoarthritis
 Asthma Heart condition Allergies
 Fatigue Sleep difficulties Fracture
 HIV Polio Stroke Diabetes
 Child hood conditions.....
 Hospitalise Arthritis Other

Current Medications:
 Nerve pill Muscle relaxants Blood press
 Insulin Other.....

Do you regularly:
 Smoke Consume alcohol Exercises Eat healthily
 Wake feeling rested Hobbies

Special Questions:

Sudden weight Loss
 Pregnancy
 Steroids/Anti-coagulants
 dizziness
 Double vision
 Drop attacks or falls
 Difficulty in speak or swallow
 Nausea and numbness
 Pain with Cough/Sneeze
 Uncontrolled bladder/bowel –
 Loss of sensation-muscle weakness
 Sleep disturbed due to constant pain
 Other(infection, Fracture, tendon ruptures, dislocation)
 Comments:

Patient goals:

Date: (yy/mm/dd)

Signature: