DOCUMENTATION TEMPLATE FOR PHYSICAL THERAPIST PATIENT/CLIENT MANAGEMENT

Inpatient Form, Page 1

Today's Date: _____
Patient ID#: _____

IDENTIFICATION INFORMATION

1 Name:

_____
a Last

_____
b First c MI d Jr/Sr

2 Admission Date: Month ☐☐ Day ☐☐ Year ☐☐☐☐

3 Date of Birth: Month ☐☐ Day ☐☐ Year ☐☐☐☐

4 Sex: a ☐ Male b ☐ Female

5 Dominant Hand: a ☐ Right b ☐ Left c ☐ Unknown

6 Race
- a ☐ American Indian or Alaska Native
- b ☐ Asian
- c ☐ Black or African American
- d ☐ Hispanic or Latino
- e ☐ Native Hawaiian or Other Pacific Islander
- f ☐ White

7 Ethnicity
- a ☐ Hispanic or Latino
- b ☐ Not Hispanic or Latino

8 Language
- a ☐ English understood
- b ☐ Interpreter needed
- c ☐ Primary language: _____

9 Education
- a Highest grade completed (Circle one): 1 2 3 4 5 6 7 8 9 10 11 12
- b ☐ Some college/technical school
- c ☐ College graduate
- d ☐ Graduate school/advanced degree

10 Has patient completed an advance directive? a ☐ Yes b ☐ No

11 Referred by: _____

12 Reasons for referral to physical therapy: _____

_____

SOCIAL HISTORY

13 Cultural/Religious

Any customs or religious beliefs or wishes that might affect care?

_____

14 Lives(d) With	**(1)–Admission**	**(2)–Expected at Discharge**
a Alone	☐	☐
b Spouse only	☐	☐
c Spouse and other(s)	☐	☐
d Child (not spouse)	☐	☐
e Other relative(s) (not spouse or children)	☐	☐
f Group setting	☐	☐
g Personal care attendant	☐	☐
h Unknown	☐	☐

i Other _____

15 Available Social Supports (family/friends) 0=No 1=Possibly yes 2=Definitely	**Now**	**Willing/Able Postdischarge**
a Emotional support	☐	☐
b Intermittent physical support with ADLs or IADLs—less than daily	☐	☐
c Intermittent physical support with ADLs or IADLs—daily	☐	☐
d Full-time physical support (as needed) with ADLs or IADLs	☐	☐
e All or most of necessary tranportation	☐	☐

16 Caregiver Status Presence of family member/friend willing and able to assist patient/client? a ☐ Yes b ☐ No

17 EMPLOYMENT/WORK (Job/School/Play)
- a ☐ Working full-time outside of home
- b ☐ Working part-time outside of home
- c ☐ Working full-time from home
- d ☐ Working part-time from home
- e ☐ Homemaker
- f ☐ Student
- g ☐ Retired
- h ☐ Unemployed

i Occupation: _____

LIVING ENVIRONMENT

18 Devices and Equipment (eg, cane, glasses, hearing aids, walker)

_____
_____
_____
_____
_____
_____

19 Type of Residence	**(1)–Admission**	**(2)–Expected at Discharge**
a Private home	☐	☐
b Private apartment	☐	☐
c Rented room	☐	☐
d Board and care/assisted living/group home	☐	☐
e Homeless (with or without shelter)	☐	☐
f Long-term care facility (nursing home)	☐	☐
g Hospice	☐	☐
h Unknown	☐	☐

i Other _____

20 Environment		
a Stairs, no railing	☐	☐
b Stairs, railing	☐	☐
c Ramps	☐	☐
d Elevator	☐	☐
e Uneven terrain	☐	☐

f Other obstacles: _____

21 Past Use of Community Services 0=No 1=Unknown 2=Yes

a Day services/programs	☐	f Mental health services	☐
b Home health services	☐	g Respiratory therapy	☐
c Homemaking services	☐	h Therapies—PT, OT, SLP	☐
d Hospice	☐	i Other (eg, volunteer)	☐
e Meals on Wheels	☐	_____	

22 GENERAL HEALTH STATUS

a Patient/client rates health as:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

b Major life changes during past year? (1) ☐ Yes (2) ☐ No

23 SOCIAL/HEALTH HABITS (Past and Current)

a Alcohol
(1) How many days per week does patient/client drink beer, wine, or other alcoholic beverages, on average? _____
(2) If one beer, one glass of wine, or one cocktail equals one drink, how many drinks does patient/client have, on an average day? _____

b Smoking
(1) Currently smokes tobacco?
(a) ☐ Yes
1. ☐ Cigarettes: # of packs per day _____
2. ☐ Cigars/pipes: # per day ____
(b) ☐ No

(2) Smoked in past? (a) ☐ Yes Year quit: ☐☐☐☐
(b) ☐ No

c Exercise
(1) Exercises beyond normal daily activities and chores?
(a) ☐ Yes
Describe the exercise: _____
1. On average, how many days per week does patient/client exercise or do physical activity? _____
2. For how many minutes, on an average day? __
(b) ☐ No

24 FAMILY HISTORY

Condition:	Relationship to Patient/Client:	Age at Onset (if known):
a Heart disease		
b Hypertension		
c Stroke		
d Diabetes		
e Cancer		
f Other: _____		
_____		

25 PATIENT/CLIENT MEDICAL/SURGICAL HISTORY: _____

26 FUNCTIONAL STATUS/ACTIVITY LEVEL (Check all that apply):

a ☐ Difficulty with locomotion/movement:
(1) ☐ bed mobility
(2) ☐ transfers
(3) ☐ gait (walking)
(a) ☐ on level
(b) ☐ on stairs
(c) ☐ on ramps
(d) ☐ on uneven terrain
b ☐ Difficulty with self-care (such as bathing, dressing, eating, toileting)
c ☐ Difficulty with home management (such as household chores, shopping, driving/transportation)
d ☐ Difficulty with community and work activities/integration
(1) ☐ work/school
(2) ☐ recreation or play activity

27 MEDICATIONS (List): _____

28 OTHER CLINICAL TESTS (List):

	Month	Year	Findings
_____	☐☐	☐☐☐☐	_____
_____	☐☐	☐☐☐☐	_____
_____	☐☐	☐☐☐☐	_____
_____	☐☐	☐☐☐☐	_____

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Systems Review

CARDIOVASCULAR/PULMONARY SYSTEM

	Not Impaired	Impaired
Heart rate: _____	☐	☐
Respiratory rate: _____		
Blood pressure: _____		
Edema: _____		

INTEGUMENTARY SYSTEM

	Not Impaired	Impaired
Integrity	☐	☐

Pliability (texture): _____
Presence of scar formation: _____
Skin color: _____
Skin integrity: _____

MUSCULOSKELETAL SYSTEM

	Not Impaired	Impaired
Gross Symmetry	☐	☐
Gross Range of Motion	☐	☐
Gross Strength	☐	☐

Standing: _____
Sitting: _____
Activity specific: _____

Other: _____

Height _____

Weight _____

NEUROMUSCULAR SYSTEM

Gross Coordinated Movements

	Not Impaired	Impaired
Balance	☐	☐
Gait	☐	☐
Locomotion	☐	☐
Transfers	☐	☐
Transitions	☐	☐
Motor function (motor control, motor learning)	☐	☐

COMMUNICATION, AFFECT, COGNITION, LEARNING STYLE

Communication (eg, age-appropriate)	☐	☐
Orientation x 3 (person/place/time)	☐	☐
Emotional/behavioral responses	☐	☐

Learning barriers:

- ☐ None
- ☐ Vision
- ☐ Hearing
- ☐ Unable to read
- ☐ Unable to understand what is read
- ☐ Language/needs interpreter
- ☐ Other: _____

Education needs:

- ☐ Disease process
- ☐ Safety
- ☐ Use of devices/equipment
- ☐ Activities of daily living
- ☐ Exercise program
- ☐ Other: _____

How does patient/client best learn? ☐ Pictures ☐ Reading ☐ Listening ☐ Demonstration ☐ Other: _____

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Tests and Measures

KEY TO TESTS AND MEASURES:

1 Aerobic Capacity/Endurance
2 Anthropometric Characteristics
3 Arousal, Attention, and Cognition
4 Assistive and Adaptive Devices
5 Circulation (Arterial, Venous, Lymphatic)
6 Cranial and Peripheral Nerve Integrity
7 Environmental, Home, and Work (Job/School/Play) Barriers
8 Ergonomics and Body Mechanics
9 Gait, Locomotion, and Balance
10 Integumentary Integrity
11 Joint Integrity and Mobility
12 Motor Function (Motor Control and Motor Learning)
13 Muscle Performance (Including Strength, Power, and Endurance)
14 Neuromotor Development and Sensory Integration
15 Orthotic, Protective, and Supportive Devices
16 Pain
17 Posture
18 Prosthetic Requirements
19 Range of Motion (Including Muscle Length)
20 Reflex Integrity
21 Self-Care and Home Management (Including Activities of Daily Living and Instrumental Activities of Daily Living)
22 Sensory Integrity
23 Ventilation and Respiration/Gas Exchange
24 Work (Job/School/Play), Community, and Leisure Integration or Reintegration (Including Instrumental Activities of Daily Living)

NOTES:

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Evaluation

DIAGNOSIS:

Musculoskeletal Patterns

- ☐ A: Primary Prevention/Risk Reduction for Skeletal Demineralization
- ☐ B: Impaired Posture
- ☐ C: Impaired Muscle Performance
- ☐ D: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Connective Tissue Dysfunction
- ☐ E: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Localized Inflammation
- ☐ F: Impaired Joint Mobility, Motor Function, Muscle Performance, Range of Motion, and Reflex Integrity Associated With Spinal Disorders
- ☐ G: Impaired Joint Mobility, Muscle Performance, and Range of Motion Associated With Fracture
- ☐ H: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Joint Arthroplasty
- ☐ I: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Bony or Soft Tissue Surgery
- ☐ J: Impaired Motor Function, Muscle Performance, Range of Motion, Gait, Locomotion, and Balance Associated With Amputation

Neuromuscular Patterns

- ☐ A: Primary Prevention/Risk Reduction for Loss of Balance and Falling
- ☐ B: Impaired Neuromotor Development
- ☐ C: Impaired Motor Function and Sensory Integrity Associated With Nonprogressive Disorders of the Central Nervous System—Congenital Origin or Acquired in Infancy or Childhood
- ☐ D: Impaired Motor Function and Sensory Integrity Associated With Nonprogressive Disorders of the Central Nervous System—Acquired in Adolescence or Adulthood
- ☐ E: Impaired Motor Function and Sensory Integrity Associated With Progressive Disorders of the Central Nervous System
- ☐ F: Impaired Peripheral Nerve Integrity and Muscle Performance Associated With Peripheral Nerve Injury
- ☐ G: Impaired Motor Function and Sensory Integrity Associated With Acute or Chronic Polyneuropathies
- ☐ H: Impaired Motor Function, Peripheral Nerve Integrity, and Sensory Integrity Associated With Nonprogressive Disorders of the Spinal Cord
- ☐ I: Impaired Arousal, Range of Motion, and Motor Control Associated With Coma, Near Coma, or Vegetative State

Cardiovascular/Pulmonary Patterns

- ☐ A: Primary Prevention/Risk Reduction for Cardiovascular/Pulmonary Disorders
- ☐ B: Impaired Aerobic Capacity/Endurance Associated With Deconditioning
- ☐ C: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated With Airway Clearance Dysfunction
- ☐ D: Impaired Aerobic Capacity/Endurance Associated With Cardiovascular Pump Dysfunction or Failure
- ☐ E: Impaired Ventilation and Respiration/Gas Exchange Associated With Ventilatory Pump Dysfunction or Failure
- ☐ F: Impaired Ventilation and Respiration/Gas Exchange Associated With Respiratory Failure
- ☐ G: Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated With Respiratory Failure in the Neonate
- ☐ H: Impaired Circulation and Anthropometric Dimensions Associated With Lymphatic System Disorders

Integumentary Patterns

- ☐ A: Primary Prevention/Risk Reduction for Integumentary Disorders
- ☐ B: Impaired Integumentary Integrity Associated With Superficial Skin Involvement
- ☐ C: Impaired Integumentary Integrity Associated With Partial-Thickness Skin Involvement and Scar Formation
- ☐ D: Impaired Integumentary Integrity Associated With Full-Thickness Skin Involvement and Scar Formation
- ☐ E: Impaired Integumentary Integrity Associated With Skin Involvement Extending Into Fascia, Muscle, or Bone and Scar Formation

PROGNOSIS: _____

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Plan of Care

Anticipated Goals: _____

Expected Outcomes: _____

Interventions: _____

Frequency of Visits/Duration of Episode of Care:

_____

_____

_____

Education (including safety, exercise, and disease information): _____

Who was educated? ☐ Patient/client ☐ Family (name and relationship): _____

How did patient/family demonstrate learning:

- ☐ Patient/client verbalizes understanding
- ☐ Family/significant other verbalizes understanding
- ☐ Patient/client demonstrates correctly
- ☐ Demonstration is unsuccessful (describe): _____

Discharge Plan: _____