

# Clinical Assessment Form Sample for Physical Therapy

The **clinical assessment form** for physical therapy is a vital tool used to evaluate a patient's musculoskeletal condition systematically. It helps therapists document pain levels, range of motion, and functional limitations to create personalized treatment plans. Accurate assessments ensure effective therapy and improved patient outcomes.

## Patient Information

**Full Name:**

**Date of Birth:**

**Patient ID/Record Number:**

**Assessment Date:**

## Reason for Referral/Chief Complaint

Describe the main complaint or reason for referral

## Pain Assessment

**Pain Location(s):**

**Pain Level (0 = no pain, 10 = worst possible):**

**Pain Description:**

e.g., sharp, dull, throbbing, etc.

## Range of Motion (ROM) Assessment

**Describe limitations or restrictions in range of motion:**

## Functional Limitations

**List any difficulties with daily activities (e.g., walking, standing, lifting):**

## Other Observations / Notes

Additional findings (e.g., muscle strength, posture, assistive device use):

## Therapist Assessment & Plan

Summary and initial therapy plan:

Therapist Name/Signature:

Date: