

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: