

Clinical Evaluation Form Sample for Physical Therapy

This **clinical evaluation form sample for physical therapy** provides a structured template to document patient assessments effectively. It ensures accurate tracking of progress, symptoms, and treatment plans. Utilizing this form improves communication and patient care within therapy sessions.

Patient Information			
Name		Date of Birth	
Patient ID		Date of Evaluation	
Referring Physician			

Reason for Referral / Chief Complaint	

Subjective History			
Onset of Symptoms			
Pain Description			
Pain Scale (0-10)		Aggravating/Relieving Factors	
Relevant Medical History			

Objective Assessment			
Posture		Gait	
Range of Motion			
Strength			
Special Tests			

Assessment & Goals	
Diagnosis / PT Assessment	
Short-Term Goals	
Long-Term Goals	

Treatment Plan

Interventions

Frequency/Duration

Home Exercise Program

Therapist Information

Therapist Name

Signature

Date

Submit Evaluation