

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	<input type="text"/>	Date of Birth	<input type="text"/>
Patient ID	<input type="text"/>	Date of Evaluation	<input type="text"/>
Referring Physician	<input type="text"/>		

Reason for Referral / Chief Complaint
<input type="text"/>

Subjective History			
Onset of Symptoms	<input type="text"/>		
Pain Description	<input type="text"/>		
Pain Scale (0-10)	<input type="text"/>	Aggravating/Relieving Factors	<input type="text"/>
Relevant Medical History	<input type="text"/>		

Objective Assessment			
Posture	<input type="text"/>	Gait	<input type="text"/>
Range of Motion	<input type="text"/>		
Strength	<input type="text"/>		
Special Tests	<input type="text"/>		

Assessment & Goals	
Diagnosis / PT Assessment	<input type="text"/>
Short-Term Goals	<input type="text"/>
Long-Term Goals	<input type="text"/>

Treatment Plan	
Interventions	<div></div>
Frequency/Duration	<div></div>
Home Exercise Program	<div></div>

Therapist Information	
Therapist Name	<div></div>
Signature	<div></div>
Date	<div></div>

Submit Evaluation