

# DOCUMENTATION TEMPLATE FOR PHYSICAL THERAPIST PATIENT/CLIENT MANAGEMENT

Outpatient Form 1, Page 1

Today's Date: \_\_\_\_\_  
Patient ID#: \_\_\_\_\_

**1 Name:**

a Last: \_\_\_\_\_  
b First: \_\_\_\_\_ c MI: \_\_\_\_\_ d Jr/Sr: \_\_\_\_\_

**2 Street Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**4 Sex:**    a  Male    b  Female

**5 Are you:**    a  Right-handed    b  Left-handed

**6 Type of Insurance:**    a  Insurer: \_\_\_\_\_  
 b  Workers' Comp    c  Medicare    d  Self-pay    e  Other

**7 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

**8 Ethnicity:**

- a  Hispanic or Latino
- b  Not Hispanic or Latino

**9 Language:**

- a  English understood
- b  Interpreter needed
- c  Language you speak most often: \_\_\_\_\_

**10 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

**SOCIAL HISTORY**

**11 Cultural/Religious:** Any customs or religious beliefs or wishes that might affect care? \_\_\_\_\_

**12 With whom do you live:**

- 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  Other: \_\_\_\_\_

**13 Have you completed an advance directive?**    a  Yes    b  No

**14 Who referred you to the physical therapist:** \_\_\_\_\_

**15 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**

**16 Does your home have:**

- a  Stairs, no railing
- b  Stairs, railing
- c  Ramps
- d  Elevator
- e  Uneven terrain
- f  Assistive devices (eg, bathroom): \_\_\_\_\_
- g  Any obstacles: \_\_\_\_\_

**17 Do you use:**

- a  Cane
- b  Walker or rollator
- c  Manual wheelchair
- d  Motorized wheelchair
- e  Glasses, hearing aids
- f  Other: \_\_\_\_\_

**18 Where do you live:**

- 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  Other: \_\_\_\_\_

**19 GENERAL HEALTH STATUS**

- a Please rate your health: (1)  Excellent (2)  Good (3)  Fair (4)  Poor
- b Have you had any major life changes during past year? (eg, new baby, job change, death of a family member) (1)  Yes (2)  No

**20 SOCIAL/HEALTH HABITS**

- a Smoking:
  - (1) Currently smoke tobacco? (a)  Yes    e  Cigarettes: # of packs per day: \_\_\_\_\_
  - z  Cigars/Pipes: # per day: \_\_\_\_\_
  - (b)  No
- (2) Smoked in past? (a)  Yes    Year quit: \_\_\_\_\_ (b)  No

**b Alcohol**

- (1) How many days per week do you 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 do you have, on an average day? \_\_\_\_\_

**c Exercise**

- Do you exercise beyond normal daily activities and chores?
  - (a)  Yes    Describe the exercise: \_\_\_\_\_
  - 1. On average, how many days per week do you exercise or do physical activity? \_\_\_\_\_
  - 2. For how many minutes, on an average day? \_\_\_\_\_
  - (b)  No

**21 FAMILY HISTORY** (Indicate whether mother, father, brother/sister, aunt/uncle, or grandmother/grandfather, and age of onset if known)

- a Heart disease: \_\_\_\_\_
- b Hypertension: \_\_\_\_\_
- c Stroke: \_\_\_\_\_
- d Diabetes: \_\_\_\_\_
- e Cancer: \_\_\_\_\_
- f Psychological: \_\_\_\_\_
- g Arthritis: \_\_\_\_\_
- h Osteoporosis: \_\_\_\_\_
- i Other: \_\_\_\_\_

# Physical Therapy Documentation Samples

**Angela Marie Baeten, Michael L.  
Moran, Lynn M. Phillippi**



**Physical Therapy Documentation Samples:**

## **Physical Therapy Documentation Samples** Book Review: Unveiling the Power of Words

In some sort of driven by information and connectivity, the power of words has are more evident than ever. They have the capability to inspire, provoke, and ignite change. Such could be the essence of the book **Physical Therapy Documentation Samples**, a literary masterpiece that delves deep into the significance of words and their affect our lives. Compiled by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we shall explore the book is key themes, examine its writing style, and analyze its overall affect readers.

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