

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 1. ☐ Cigarettes: # of packs per day ____ 2. ☐ 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: _____

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Léo Pomar



Physical Therapy Documentation Templates Medicare:

Enjoying the Track of Appearance: An Psychological Symphony within **Physical Therapy Documentation Templates Medicare**

In some sort of eaten by monitors and the ceaseless chatter of instantaneous interaction, the melodic splendor and mental symphony developed by the prepared term usually diminish in to the background, eclipsed by the relentless sound and disruptions that permeate our lives. However, located within the pages of **Physical Therapy Documentation Templates Medicare** an enchanting literary treasure filled with organic thoughts, lies an immersive symphony waiting to be embraced. Crafted by an outstanding musician of language, this fascinating masterpiece conducts readers on an emotional journey, skillfully unraveling the hidden songs and profound influence resonating within each carefully constructed phrase. Within the depths with this poignant review, we will discover the book is central harmonies, analyze their enthralling writing type, and submit ourselves to the profound resonance that echoes in the depths of readers souls.

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