

SAMPLE PHYSIOTHERAPY ASSESSMENT FORM

Name:

DOB:

Initial assessment date:

Consent: Yes / No

Referral History:

Obesity/Weight History:

Including age of onset, weight gain/loss history and current phase of weight

Care History for Obesity:

Including previous treatments, bariatric surgery (no/ already has/ in process of prep for surgery/ considering)

Relevant family history:

Including relevant health history with obesity, metabolic surgery and cardiometabolic diseases

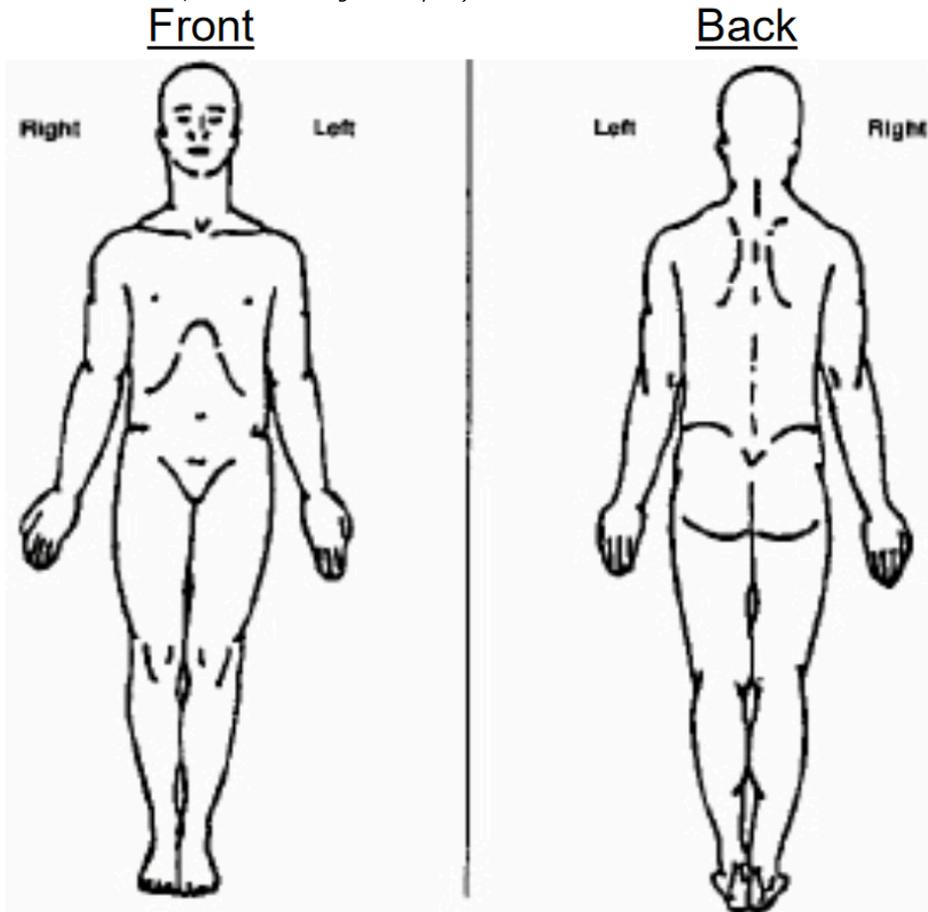
Medical history:		
Diabetes <i>Years, controlled?</i>	Y/N	Notes:
Hypertension	Y/N	
Dyslipidemia	Y/N	
Ongoing Heart Complaints <i>CCF, IHD, AF</i> <i>Current management and Status</i>	Y/N	
Cardiovascular Events <i>MI, TIA, CVA</i>	Y/N	
Other Vascular <i>Lymphedema, Gout, etc.</i>	Y/N	
Respiratory Health <i>Asthma,</i> <i>COPD, Sleep apnea, etc.</i>	Y/N	
Relevant Hormonal Status <i>Thyroid, PCOS, Menopause</i>	Y/N	
Mental Health Disorders <i>Depression, Anxiety, etc.</i>	Y/N	
Urinary or Fecal Issues <i>Incontinence, Urgency, etc. (rate mild, moderate, severe)</i>	Y/N	
Skin Issues <i>Cellulitis, Ulcers, Skin changes, Swelling in Legs, etc.</i>	Y/N	
Other Health Issues	Y/N	

<i>Gynecologic, Hepatic, Skin, Cancer, etc.</i>				
Past Surgical History/ Investigations				
Medications:				
Cardiac Meds	Y/N	List:		
HTN Meds	Y/N			
Sleep Meds	Y/N			
Pain Meds	Y/N			
Other Meds	Y/N			
Precautions:				
Red Flags <i>Circle any red flags</i>				
Accelerated HTN (today)	Medically advised not to exercise?	Patient feels unsafe to exercise	Other indications of unstable Cardio-resp conditions (Subj./Obj.)	Indication of other unstable health conditions (Subj./Obj.)

MSK Status:

Any joint, muscle or soft tissue pain at present?

(Circle areas affected, notes areas of greatest pain)



Adapted from
Brief Pain
Inventory

Pain at its worst in past 24 hrs ___/10

Pain at its best in past 24 hrs ___/10

Treatments or medications receiving for your pain?

Enter N/A if not applicable

History, Nature and Duration of pain

Note if pain is Nociceptive, Neurological, Syst/Rheum

Nociceptive: OA, soft tissue, mech.. Neurological: Neuropathy, Radiculopathy, Sensitisation . Systemic/Rheumatology: Fibro, RA

Frequency of pain: Constant/ _____ days/week / <1 day/week

Aggs	Eases

Pain interference (scale 0-10 interfering with activities/life)

General activity	/10	Mood	/10
Walking ability	/10	Normal Work(includes both work outside the home and housework)	/10
Sleep	/10	Relations with other people	/10
Enjoyment of life	/10		

Mobility Status:

Including use of aids, manual or powered aids, hours per day using aids, indoor versus outdoor aid use, distance tolerated

Falls history:

Including no of trips/near misses in last month and number of falls in past three months

Ability to complete ADLs:

Impairment	None	Mild	Moderate	Severe
Shoes/socks				
Other dressing				
Bathing				
Toileting				
Other self-care/ ADLs				

Exercise/ Physical Activity history:

Currently Exercising Y/N

If Yes	
Start Date	
Frequency (days/week)	
Intensity (Low/Mod/High)	
Type	
Total Minutes per day	
Total minutes per week	
Any interruptions in exercise history since started	
Access to exercise equipment	
Additional Notes	
If No	
Reason(s) stopped or not exercising	

Daily sedentary time: Hrs Mins

Commute time and mode:

Screen time (hrs/wk): at Work _____ Leisure _____

SLEEP

Circle correct answer or fill in as appropriate

Sleep Study	+ve/-ve/no test	Symptoms:	Y / N	CPAP:	Y / N
Sleep routine stability		Regulated/ Varies (>1hr)/Shift			
How long in bed before fall asleep		_____Mins/night			
Sleep	_____ hrs/night	Bedtime	Waking time _____		
Nocturia/Awake: _____ hrs/night		4hrs +CPAP (if applic): Y/N			
Number awakenings at night _____		Same as 3/12 ago: Y/N			
Headaches on waking: Y / N / Sometimes					
Position: Side lying/ Supine/ Prone/ Sitting up/ Varies					
Quality: Very bad/ Fairly bad/ Fairly good/ Very good				Rate: _____/10	
Napping: _____hrs/day,			Location: Bed / Couch /Other		

(Consider use of subjective outcomes measure i.e. Pittsburgh Sleep Quality Index if relevant)

STOP-BANG (OSA Screening)	Yes (+1)	No (0)
Do you S nore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?		
Do you often feel B ored, Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?		
Has anyone O bserved you Stop Breathing or Choking/Gasping during your sleep?		
Do you have or are being treated for High Blood P ressure?		
B ody Mass Index more than 35 kg/m ² ?		
A ge older than 50?		
Is your N eck circumference greater than 40cm (16 inches) (Measured around Adams apple)?		
G ender = Male?		

OSA - Low Risk: Yes to 0 - 2 questions

OSA - Intermediate Risk: Yes to 3 - 4 questions

OSA - High Risk: Yes to 5 - 8 questions

or Yes to 2 or more of 4 STOP questions + male gender

or Yes to 2 or more of 4 STOP questions + BMI > 35kg/m²

or Yes to 2 or more of 4 STOP questions + neck circumference 16 inches / 40cm

Quality of Life

General rating of overall

I QoL: Excellent/ Very Good/ Good/ Fair / Poor

Rating _____/10

Mood

Complete as relevant

Over the last two weeks, how often have you been bothered by any of the following problems? <i>Tick as appropriate</i>	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual				

Thoughts that you would be better off dead or of hurting yourself in some way				
---	--	--	--	--

Adapted from PHQ-9: 0-4 (No depression); 5-9 (Mild depression); 10-14 (Moderate depression) 15-19 (Moderately severe depression); 20-27 (Severe depression).

Objective Measures

Complete as relevant

Resting HR	bpm	Resting BP		Max HR	
Height	m	Weight	kgs	BMI	Kg/m ²
Resting SpO2			Resting RR		
Waist Circumference		cm	Hip Circumference		cm
Neck Circumference		cm	Waist to Hip ratio		cm
Ankle Circumference		Right	cm	Left	cm
Gait Assessment					
Grip dynamometry			kgs		
Timed up and Go		<i>Mobility aid</i>			secs
Sit to stand (x5)		<i>Hand Support Symmetry</i>			secs
Balance test					
Feet together Eyes open Y/N		Eyes closed	Y/N	Feet Together head turns Y/N	
Semi tandem		Y/N	Tandem stance		Y/N
SLS Left time		secs	SLS Right time		secs
6MWT Distance	m	Borg	/10	Lowest SPO2	%
				Max HR	bpm