

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: _____

Physical Therapy Documentation Templates Medicare

Lori Quinn, James Gordon



Physical Therapy Documentation Templates Medicare:

Physical Therapy Documentation Templates Medicare Book Review: Unveiling the Magic of Language

In an electronic era where connections and knowledge reign supreme, the enchanting power of language has been apparent than ever. Its ability to stir emotions, provoke thought, and instigate transformation is actually remarkable. This extraordinary book, aptly titled "**Physical Therapy Documentation Templates Medicare**," written by a very acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound effect on our existence. Throughout this critique, we will delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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