

# Amputee Physical Therapy Assessment Form

## Patient Information

Name

Date of Assessment

Date of Birth

Medical Record Number

## Amputation Details

Level of Amputation

Side

Date of Amputation

Cause of Amputation

Surgical/Healing Complications

## Pain Assessment

Presence of Pain (Phantom/Surgical/Other)

## Physical Assessment

Skin Condition

Edema

Sensation

Range of Motion

Muscle Strength

Residual Limb Length/Shape

Other Significant Findings

Functional Assessment

Mobility Status

Transfers

Use of Assistive Devices

Activities of Daily Living (ADLs)

Prosthetic Use (if applicable)

Goals & Plan

Short Term Goals

Long Term Goals

Plan/Recommendations

Therapist Information

Therapist Name

Signature

Date