

Geriatric Physical Therapy Assessment

Patient Information

Name

Age

Date

Gender

Medical Diagnosis

Subjective

Chief Complaint

History of Present Illness

Past Medical History

Medications

Social History

Objective

Observation/Posture

Functional Mobility

Balance Assessment

Range of Motion

Muscle Strength

Sensation

Other Tests

Assessment

Summary/Clinical Impression

Problem List

Prognosis

Plan

Treatment Goals

Intervention Plan

Frequency & Duration