

# Pediatric Physical Therapy Evaluation

## Patient Information

Name

Date of Birth

Age

Gender

Medical Diagnosis

Referring Physician

Date of Evaluation

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## Reason for Referral

## History

Birth and Developmental History

Medical/Surgical History

Family/Social History

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## Subjective Information

## Objective Findings

Observation/Posture

ROM (Range Of Motion)

Strength

Tone/Reflexes

Balance / Coordination

Gait / Mobility

Functional Skills

Sensory / Perceptual

Assistive Devices

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## Assessment

## Goals

## Plan of Care

Treatment Frequency/Duration

Interventions

Recommendations

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## Therapist Information

Name

Credentials

Signature

Date

