

LOCATION:

PATIENT NAME:

DOS:

THERAPIST:

| | | | | |
|---|-------------------------------|---|---|---|
| History | Total # Checks | Check all IMPACTING POC, if not impacting POC then do not check: <input type="checkbox"/> Comorbidity 1 <input type="checkbox"/> Comorbidity 2 <input type="checkbox"/> Comorbidity 3 <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Coping Style <input type="checkbox"/> Social Background <input type="checkbox"/> Education <input type="checkbox"/> Profession <input type="checkbox"/> Past / Current Experience <input type="checkbox"/> Behavior Pattern <input type="checkbox"/> Character | | |
| Examination | Total # Checks | Body Systems: Musculoskeletal (Symmetry, ROM, Strength, Height, Weight, Pain, Posture): <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> LE <input type="checkbox"/> UE <input type="checkbox"/> Trunk Neuromuscular: <input type="checkbox"/> Balance <input type="checkbox"/> Gait/Locomotion <input type="checkbox"/> Transfers <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Motor Control/Learning <input type="checkbox"/> Cardiovascular/Pulmonary (HR, RR, BP, Edema) <input type="checkbox"/> Integumentary (Pliability (texture), scar formation, color, integrity, wound) <input type="checkbox"/> Other (Ability to Make Needs Known; Consciousness; Orientation; Learning Preference; Expected Behavioral/Emotional Response) Activity Limitation: <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Transfers <input type="checkbox"/> Locomotion Level <input type="checkbox"/> Stairs <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Toileting <input type="checkbox"/> Self Feeding <input type="checkbox"/> Hygiene/Grooming <input type="checkbox"/> Reaching Overhead <input type="checkbox"/> Bend <input type="checkbox"/> Squat <input type="checkbox"/> Lift <input type="checkbox"/> Carry <input type="checkbox"/> Stand <input type="checkbox"/> Sleep <input type="checkbox"/> Sit <input type="checkbox"/> Continance <input type="checkbox"/> Other Participation Restriction: <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Community Activity <input type="checkbox"/> Drive <input type="checkbox"/> Volunteer <input type="checkbox"/> Interpersonal Rel'ship <input type="checkbox"/> Meal Prep <input type="checkbox"/> Cleaning <input type="checkbox"/> Shop <input type="checkbox"/> Laundry <input type="checkbox"/> Medication Mgmt <input type="checkbox"/> Personal Finances <input type="checkbox"/> School <input type="checkbox"/> Other | | |
| Clinical Presentation | | <input type="checkbox"/> Stable &/or Uncomplicated | <input type="checkbox"/> Evolving with Changing Characteristics | <input type="checkbox"/> Unstable & Unpredictable Char. |
| Code: | History | Examination | Clinical Presentation | Clinical Decision Making |
| Low Complexity -- 97161 | <input type="checkbox"/> None | <input type="checkbox"/> 1-2 | <input type="checkbox"/> Stable/Uncomplicated | <input type="checkbox"/> Low |
| Moderate Complexity-- 97162 | <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3+ | <input type="checkbox"/> Evolving with Changing Characteristics | <input type="checkbox"/> Moderate |
| High Complexity--97163 | <input type="checkbox"/> 3+ | <input type="checkbox"/> 4+ | <input type="checkbox"/> Unstable/Unpredict. | <input type="checkbox"/> High |
| PT EVAL CPT CODE SUPPORTED: <input type="checkbox"/> 97161 (Low) <input type="checkbox"/> 97162 (Moderate) <input type="checkbox"/> 97163 (High) | | | | |