

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
 For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE **Physical Therapy Re-Evaluation Form** Foot Problem

OTSG APPROVED (Date)

- Is Physical Therapy helping to increase your ability to function or decrease your pain/symptoms? Yes No
- Symptoms are? Increasing Unchanged Decreasing
- Symptoms are? Constant Come/Go Only with Activity
- Medication Use? Increasing Decreasing Not Helping Not taking

Mark an "X" on the lines below that best describes your response.

1. What activity causes the most pain / have most trouble performing?

Function: Rate your ability to perform the *above* activity.

0	1	2	3	4	5	6	7	8	9	10
									No restrictions	

2. Pain at WORST: Rate your highest level of pain in past 72 hrs.

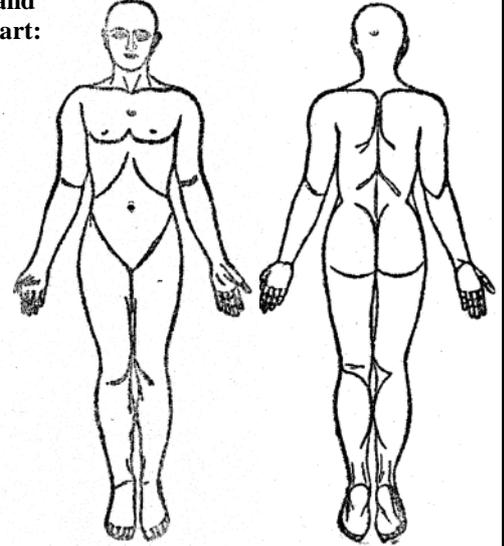
0	1	2	3	4	5	6	7	8	9	10
									Worst pain Imaginable	

3. Pain at BEST: Rate you lowest level of pain in past 72 hrs.

0	1	2	3	4	5	6	7	8	9	10
									Worst pain Imaginable	

Indicate the location and type of pain on the chart:

- Key:
 Ache/Dull: ^ ^ ^ ^
 Sharp/Stabbing: x x x x
 Numb / Tingling:
 Burning: = = = =
 Throbbing: / / / /
 Other Pain: - - - -



PATIENT SIGNATURE / PREPARED BY:

DATE

Provider Notes:

- See digital PT progress note in CHCS
- Patient ed. Completed. Patient verbalizes understanding and concurs with revised plan of care.

REVIEWED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC
 LRMC Physical Therapy
 APO AE 09180 486-8263

DATE

PATIENTS IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; hospital or medical facility)

NAME (Last, First MI):

FMP / SSN (Sponsor): /

GRADE or RANK:

DOB:
 (Patients, dd-mmm-yyyy)

- | | |
|---|--|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input checked="" type="checkbox"/> OTHER/EXAMINATION
OR EXAMINATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

DA FORM 1 MAY 78 4700

MCEUH OP 370-R, APR 96(Rev)
 DA 4700 Medical Hx Follow Up Form - PFI update 7.doc, Updated 13-May-11

