Elizabeth Moberg-Wolff MD Adult PM&R Visit Form – 1st Visit

Patient's Name: ______________________ **Age:** __________ **DOB:** ________________ **Today's Date:**

Referred by:

Goals for Visit/Concerns: ____

Patient's Diagnosis/History: (Hospitalizations /Current issues, etc)

Medications **Allergies** **Weight** **Height**

Diet (special type, texture etc)

Systems review – circle all that apply or that you need help with…

Spasticity	Sleep problems	GI problem	Respiratory issues
Scoliosis	Contractures	Gait problems	Pain
Equipment issues	Brace tolerance	Skin breakdown	Vision issues
Attention problems	Respite care needs	Excessive salivation	

Other_________________________________

Surgeries (shunt, g-tube, orthopedic, ear. eye, phenol/botox etc)

Other Medical Providers Names (orthopedist, neurologist, dentist, eye, etc)

Family History (genetic problems? learning issues? orthopedic issues, any other family members with disabilities?)

Social (Family? Other caregivers? Job? Lives with?)

Orthotics (check those you have)

□ AFO □SMO □UCB □Wrist □ Elbow □ TLSO □Neck brace Other____________________

Adaptive Equipment: Vendor you use ____________________________

□ Wheelchair (□ Manual/□ Power) □ Walker (Type: _________________________) □ Stroller

□ Stander □ Gait Trainer □ Crutches/Canes □ Night splints ____________________

□Bath/Shower Chair □ Car Seat □ Lift □ Other ___________________

Home modification: □ Ramped □ Hoyer lift □ Adapted bath □Adapted bed □ Need________

Transportation: □ Car/ Van □ Public Transit □ Medical Van Have handicap parking? Y N

Communication □Verbal □Nonverbal □Device _________________ □ Other ______________

Vocational /Day program name: ____________________

Therapist's Name/location: ____ Phone: _________________________

Current Therapy: PT OT Speech

Functional Abilities:

Activity	Independent	Minimal Assist	Dependent	Concerns
Bed Mobility				
Sitting				
Standing/Transfers				
Walking				
Stairs				
Running/balance				
Upper arm use Dressing, Writing Eating				
Communication				

Strengths/Interests Any other important information we should know….

____

____

____

____

____

____

____

THANK YOU!