

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Comprehensive Functional Assessment of Physical Therapy

RESIDENT'S NAME	RESIDENCE	
DATE OF BIRTH	DSHS NUMBER	
DATE	EVALUATION BY:	
Information for this report was obtained through clinical interaction, observations, record review and caregiver interviews.		
Diagnosis		
Physical therapy related history		
· ·yoram marapy random marary		
Reflexes / reactions		
Muscle tone		
induscrie torie		
Range of motion		
Posture		
Functional muscle strength		
Transfers / ambulation		
Transfers / ambulation		
Weaknesses / Needs		
Rehabilitation Potential		
Total material occinial		
Adoutive Consistence		
Adaptive Equipment Equipment list and reason for use:		
Equipment list and reason for use.		
Ability to some for and projection.		
Ability to care for and maintain:		
Level of support for use and care of adaptive equipment:		
Monitoring		
House staff will report to nursing or PT any concerns relating to safety, function, comfort, mobility, and positioning.		
Recommendations		

SIGNATURE OF PHYSICAL THERAPIST COMPLETING EVALUATION	DATE
PRINTED NAME	