



Weight Management Life Skills Program

Physical Therapy Initial Assessment and Progress Report

This basic information will be used to determine appropriateness for case management and to evaluate the patient's potential barriers to a good health outcome.

Visit 1 2 3 4 5 6

Patient _____ Physician _____ Date _____

CC/CO-Morbidities _____

Weight History _____

Exercise History _____

Posture _____

Limitations _____

Resting Heart Rate _____

Resting Blood Pressure _____

STRENGTH	ENDURANCE	TOLERANCE
Lift Over Head (Pounds)	Sit to Stand in 20 Seconds	Standing (Minutes)
Lift to Chest (Pounds)	Sit to Stand in 1 Minute	Sitting (Minutes)
Lift to Waist (Pounds)	Heel Raises in 20 Seconds	Walking (Minutes)

Exercise Heart Rate _____ Exercise Blood Pressure _____

Heart Rate 3 Minutes After Exercise _____ Blood Pressure 33 Minutes After Exercise _____

FUNCTIONALITY			
Dressing		Transfers	
Squat to Stand		Household Chores	
Gardening		Recreation	
Employment		Gait	

Patient Name _____

PATIENT EDUCATION	
Musculoskeletal Evaluation Done	Home Exercise Instruction Given
Postural Instruction Given	Self-Treatment Instruction Given
Body Mechanics & Transfer Training	

Exercise Plan

Recommendation

Would benefit from _____ additional visits for _____

Recommend further medical evaluation for _____

Poor surgical candidate due to _____

Recommend proceeding with surgery

Therapist Signature _____ Name _____