



CLINICAL ASSESSMENT FORM

Patient Information

Date:	
Name:	
DOB (mm/dd/yyyy):	
Comments:	

Medical History

Relevant Medical History:

BMD Results:

• Date: _____ • L Spine: _____ • Total Hip: _____ • Femoral Neck: _____ •
Radius: _____

10-Year Fracture Risk: ☐ Low ☐ Moderate ☐ High

Vitals & Anthropometrics

Resting HR: _____ bpm Resting BP: _____ / _____ mmHg

Height: _____ cm Weight: _____ kg

Rib to Pelvis Distance: _____ cm Occiput to Wall Distance: _____ cm

Mobility Aid: ☐ Walker ☐ Cane ☐ None

Posture, Gait & Flexibility

Posture: _____ Gait: _____

Feet _____

Other: _____

Flexicurve Measurement: ☐ Yes ☐ No Kyphotic Index: _____

Able to lie on stomach? ☐ Yes ☐ No If no, reason: _____

Able to get up/down from floor? ☐ Yes ☐ No Demonstrated: ☐ Yes ☐ No

Range of Motion (ROM)

Neck: _____ Upper Extremity: _____

Lower Extremity: _____

Back Scratch Test: R: _____ cm/in L: _____ cm/in

Other ROM Notes: _____

Strength & Endurance Tests

Grip Strength (kg force):

	Trial 1	Trial 2	Trial 3	Avg
Right				
Left				

Gait Speed: Preferred: _____ s / _____ m/s Maximal: _____ s / _____ m/s

- Time Loaded Stance Test: _____ sec
- Lumbar Endurance Test: _____ sec
- 30-Second Bicep Curl: (right/left) _____ wt Reps: _____
- 5 Chair Stands: _____ sec
- 30-Second Chair Stand: _____ reps

Mobility & Balance

T.U.G. Test: Trial 1: _____ sec Trial 2: _____ sec Trial 3: _____ sec Avg (min:sec):

Aids Used: ☐ Yes ☐ No

4-Square Step Test: Trial 1: _____ s Trial 2: _____ s

Four-Test Balance Scale:

Test	Right	Left
Feet Together		
Semi-Tandem		
Tandem		
Single Leg (Eyes Open)		
Single Leg (Eyes Closed)		

Backwards Walk	
Functional Reach	

Clinical Notes

Analysis:

Plan:

Physiotherapist: _____

Re-assessment Date: _____