

SPORTS MEDICINE, INC.

Policy: Evaluation Forms

An evaluation from OPT will include:

1. Recipients DOB and address
2. Referring and primary physician
3. Date of Evaluation
4. Description of conferences with recipient, primary or others
5. Other health care evaluations as indicated
6. Psychosocial and health statue: Present effects of disability, historical effects of disability
7. Functioning outcomes are filled out by patient and recorded in EMR.
8. Other significant physical or mental disability
9. Physical limitations
10. A review of the patient's medical history including verbal reviews of major systems and possible contra-indications for ordered treatments.
11. Signature of evaluating Therapist

A detailed treatment plan will be sent to the referring physician and copy to primary recommending the treatment:

- a. Type
- b. Amount
- c. Frequency
- d. Goals
- e. Location
- f. Reason for treatment (impression)

Sample of Eval form can be found in our EMR.

Written:

Approved:

Reviewed/Revised:

Signature:

Date Signed

Reviewed/Revised: 2/19/2019

Signature: *J Moore PT, OCS*

Date Signed: *5/28/15*

Reviewed/Revised:

Signature:

Date Signed