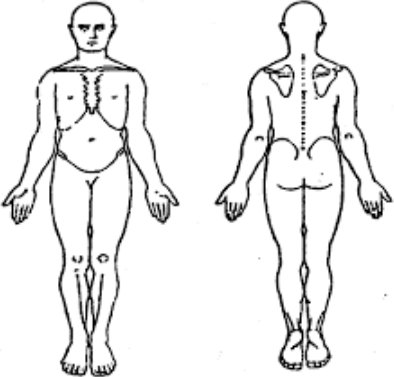
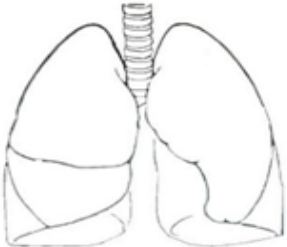


**KEMENTERIAN KESIHATAN MALAYSIA
PHYSIOTHERAPY DEPARTMENT
CANCER ASSESSMENT FORM**

Name : ----- Age: ----- Sex: M / F RN /IC : ----- Date :-----

DIAGNOSIS	OBSERVATION																					
DR'S MANAGEMENT	PALPATION																					
PROBLEM	CARDIORESPIRATORY FUNCTION																					
CURRENT HISTORY	Breathing Pattern : Breathing Level : Cough : Sputum Analysis Colour : Amount: : Consistency :																					
PAST HISTORY	VENTILATED PATIENT																					
SPECIAL QUESTION	CHEST EXPANSION																					
General health: PMHX/Surgery: Investigation: Occupation: Social History:	Mode : PEEP : FiO2 :																					
BODY CHART	AUSCULTATION																					
<div style="text-align: center;">  </div>	<table style="width:100%; border: none;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">Right</td> <td style="width:20%; text-align: center;">Left</td> </tr> <tr> <td>Apical</td> <td></td> <td></td> </tr> <tr> <td>Middle</td> <td></td> <td></td> </tr> <tr> <td>Lower Costal</td> <td></td> <td></td> </tr> </table> Crepitating: Mild / Moderate Coarse / Ronchi / Wheezing Air Entry : <div style="text-align: right; margin-top: 20px;">  </div> PEFR:L/min Exercise Tolerance Test: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:30%;">2MWT</td> <td colspan="2">Distance:</td> </tr> <tr> <td>PR</td> <td>Pre:</td> <td>Post:</td> </tr> <tr> <td>Borg Scale</td> <td>Pre:</td> <td>Post:</td> </tr> </table>		Right	Left	Apical			Middle			Lower Costal			2MWT	Distance:		PR	Pre:	Post:	Borg Scale	Pre:	Post:
	Right	Left																				
Apical																						
Middle																						
Lower Costal																						
2MWT	Distance:																					
PR	Pre:	Post:																				
Borg Scale	Pre:	Post:																				
PAIN SCALE	MUSCULOSKELETAL FUNCTION																					
	Range of Motion Manual Muscle Testing (MMT)																					

Grip Strength

	Right	Left
Grip		

Balance Test

Balance test	Date:	
Sitting	Static:	Dynamic:
Standing	Static:	Dynamic:

Sit to Stand

Sit to Stand	Repetition:
---------------------	--------------------

Time Up & Go

TUG	Duration:	
PR	Pre:	Post:
Borg Scale	Pre:	Post:

MOBILITY STATUS**ANALYSIS****SHORT TERM GOALS****LONG TERM GOALS****PLAN OF TREATMENT****TREATMENT****Attending Physiotherapist:****Date :**