KEMENTERIAN KESIHATAN MALAYSIA
PHYSIOTHERAPY DEPARTMENT
GENERAL ASSESSMENT FORM

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

DIAGNOSIS, INVESTIGATIONS & MANAGEMENTS

PROBLEMS

PAIN SCORE	Pre	
	Post	

Area :

Nature :

Agg :

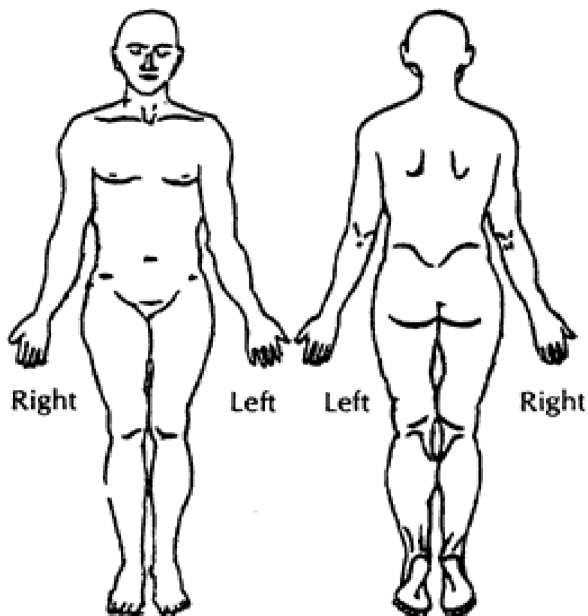
Ease :

24 Hours :

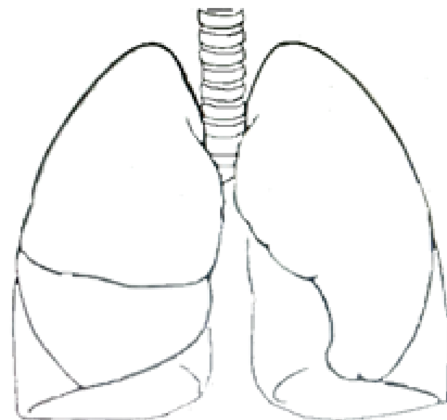
Irritability : High / Medium / Low

SUBJECTIVE ASSESSMENT

BODY CHART



LUNG DIAGRAM



OBJECTIVE ASSESSMENT

PHYSIOTHERAPIST'S IMPRESSION

SHORT TERM GOAL

LONG TERM GOAL

PLAN OF TREATMENT

Attending Physiotherapist:……………………………
Date : Sign & Stamp

KEMENTERIAN KESIHATAN MALAYSIA
GUIDELINE FOR USE OF GENERAL ASSESSMENT FORM

CRITERIA

- General form to be used ONLY when the other 11 forms are not applicable.
- Applicable for in-patient and out-patient.

DIAGNOSIS, INVESTIGATION & TREATMENT

- X-ray, MRI, CT scan, blood test with relevance to presenting problem
- Medication / steroid
- Past medical interventions/surgeries

PATIENT'SPROBLEM

- What is the presenting problem?
- Patient's realistic Aim / Goal

PAIN SCORE

Pre and post scores
Level of pain as indicated by patient
(Whichever is applicable based on MOH Pain scales)

SKALA KESAKITAN KANAK-KANAK (3-7 TAHUN)

SKALA KESAKITAN DEWASA (>7 TAHUN)

SKALA FLACC (>1 BULAN -3 TAHUN / IMPAIRMENT)

KATEGORI	PEMARKAHAN		
	0	1	2
WAJAH	TIADA EKSPRESI TERTENTU DI WAJAH ATAU DALAM KEADAAN TERSENYUM	KADANG TERLIHAT MUKA BERKERUT, MURUNG, TIDAK BERMAYA ATAU TIDAK BERSEMANGAT	RAHANG TERKANCING, DAGU BERGETAR (PADA KADAR KERAP HINGGA BERTERUSAN)
KAKI	KEDUDUKAN BIASA ATAU SELESA	KEADAAN TIDAK SELESA, RESAH ATAU TEGANG	MENENDANG-NENDANG ATAU MEMBENGKOKKAN KAKI
AKTIVITI	BERBARING TENANG, BERKEDUDUKAN BI-ASA, BERGERAK DENGAN SELESA	BERGULING, BERGANJAK DEPAN DAN BELAKANG, TEGANG	MERINGKUK, KAKU ATAU MENGGELUPUR
TANGIS	TIDAK MENANGIS (KEADAAN TIDUR ATAU TERJAGA)	MERENGEK DAN KADANG MENGELUH	MENANGIS BERTERU-SAN, BERTERIAK DAN TERESAK-ESAK, SERING MENGELUH
KEBOLEH PUJUKAN	TENANG	MASIH DAPAT DIPUJUK DENGAN SESEKALI SENTU-HAN, PELUKAN ATAU KATA-KATA SEHINGGA MUDAH TERGANGGU	SUKAR DIPUJUK
SETIAP KATEGORI DIBERI MARKAH 0-2 DENGAN JUMLAH KESELURUHAN 0-10			

Area

- Define the area and name them

Nature

- What are the pain characteristic?
- Dull, sharp, Tingling, Pinching….etc.
- Use patient's own words.

Aggravating (Agg)

- Activities which bring on the pain.

Ease

- What reducing pain.

24 hours

- AM : Better or worse? Stiffness, How bad and for how long?
- PM : Better or worse? Effect of daily activities at EOD (end of the day) / Weekends.
- NIGHT: Night pain, Does it bother you at night?

Irritability

- The type and amount of activity required to cause or increase in symptoms.
- The severity of symptoms provoked.
- The length of time taken for this increase in symptoms to return to its usual level

SUBJECTIVE ASSESSMENT

- Current history
- Past history
- Home / social situation
- Occupation

- Associated injury / precaution :
  - Note any other injury such as Head injury, chest injury, abdominal injury, fractures, & etc...
- Any precaution to take e.g. SSG done, tendon exposes
- Observation :
  - posture, facial expression, movement quality, gait,
  - Observation of the part (deformity, scar, swelling, muscle wasting or spasm).
- Any colour changes
- Vital sign
- Skin integrity:

  To check any possibility to get pressure sore, trophic changes or other skin problems.

BODY CHART / LUNG DIAGRAM

- Presenting complaint? Pain, stiffness, weakness, is it intermittent / constant, dull / sharp.
- To be marked on body chart with brief explanation.
- Mark on lung diagram the findings of auscultation and area.

OBJECTIVE ASSESSMENT

- Palpation: Warmth, swelling, crepitus, muscle spasm, tenderness & pain.
- Physical examination : Movement / ROM / Joint circumference
- Muscle power
- Measure muscle power & strength
- Clearing test: Joint above & below area involved. E.g. shoulder checks the neck.
- Limb length discrepancy
- Balance test
- Neurological test : Reflexes, sensation
- Respiratory evaluation
  - ABG investigation, chest X-ray, chest deformity, ventilation setting, diaphragm function
- Gait
- Functional evaluation : Bed mobility, transfer & ambulation
- Assessment of functional activity (ADL) : Wheelchair ability, Any special test, If indicated.

PHYSIOTHERAPIST'S IMPRESSION

- Problems in order of priority.

SHORT TERM GOALS

- The goals which are set according to priority.
- Must include the expected outcomes & time frame.

LONG TERM GOALS

- The goals which are set for a longer time frame based on patient goals & physiotherapist goals.

PLAN OF TREATMENT

- The physiotherapy treatment that will be given according to the goal set up.

SIGN/ STAMP/DATE:

- Need to be filled by attending physiotherapist**.**

References

1. The P5VS Guidelines (2nd edition, 2013)