

Patient Information / Assessment

Name / Date of Birth:			
Height:	Weight:	BMI (Body Mass Index): BMI = $\frac{\text{(weight in kilograms)}}{\text{height in meters}^2}$	
Joints affected:			
<input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Knee <input type="checkbox"/> Shoulder	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Hip <input type="checkbox"/> Neck	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Back C/T/L	
Degree of Functional Impairment:		Level of Physical Impairment:	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Patient's Motivation:			
<input type="checkbox"/> 1 (none) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 (highest)			
Patient's SMART Goals:			
Specific, Measurable, Attainable, Relevant, Time-bound			