



Patient's Physical Limitations Form

Whenever you have to purchase equipment, such as wheelchairs, or make modifications to an existing room in your home, to give a person access to an area and allow them to be able to function more independently, you have to keep the person's actual physical limitations in mind.

Please fill out the chart below and keep it handy. Update the chart as the patient's condition changes and keep the old charts as a reference, so you can remember when specific problems started to improve. **If you need assistance please contact Sallycares.com. We would love to help you!**

Date: _____

Personal Information	Overall Limitations	Rating *				Comments
		Good	Fair	Poor	Not able	
Height:	Standing balance					
Weight:	Sitting balance					
Age:	Ability to get in and out of bed					
Leg length standing:	Ability to get on and off commode					
Sitting: (measure below)	Weakness in Arms: RT or LFT					
Length of leg (hip to knee)	Weakness in Legs : RT or LFT					
Torso: (length from hip to shoulder)	Speech					
Skin: Note any wounds:	Ability to swallow					
Hand dominance: RT or LFT	Memory					
Medical History: Current Problem (Describe below):	Ability to understand					
	Ability to Walk					
	Ability to Dress self					
	Ability to Bathe self					
	Ability to comb hair					
	Ability to brush teeth					
	Ability to shave					

- *Rating Scale:** Good: Patient can perform activity independently
 Fair: Patient can perform activity with minimal assistance
 Poor: Patient can perform activity with moderate assistance



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