

PATIENT HISTORY FORM

Patient Information

Date

Name Surname Date of Birth

Phone E-Mail

Height Weight

Nationality Languages

Address

Details of Confidant

Name Surname Date of Birth

Phone E-Mail

Nationality Languages

Address

Condition / Disease For Medical Stay

Stroke Traumatic Brain Injury Multiple Sclerosis Parkinson's

Non-Traumatic Brain Injury Spinal Cord Injury/Diseases

Other

Condition/Disease Exists Since

Pre-existing Diseases

Medical Information

Does the patient need ventilation?

YES NO

Impairment of swallowing

YES NO

Oxygen saturation required to be monitored?

YES NO

Impairment of speech

YES NO

Does the patient need oxygen?

YES NO

Impairment of cognition/memory

YES NO

Weakness or abnormal rigidity of arm

YES NO LEFT ARM RIGHT ARM

Extent of weakness or abnormal rigidity of arm

MILD MODERATE SEVERE

Weakness or abnormal rigidity of trunk

YES NO

Extent of weakness or abnormal rigidity of trunk

MILD MODERATE SEVERE

Weakness or abnormal rigidity of foot

YES NO LEFT FOOT RIGHT FOOT

Extent of weakness or abnormal rigidity of foot

MILD MODERATE SEVERE

Weakness or abnormal rigidity of head / neck

YES NO

Extent of weakness or abnormal rigidity of head / neck

MILD MODERATE SEVERE

Other severe accidents or diseases / NOTES

Activities of Daily Living

Eating & Drinking

- independent
- independent with special tools
- nutrition must be prepared & assistance is needed
- completely dependent

essential aids

- tube in stomach
 - gastric tube
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Personal Hygiene (Bathing, grooming)

- independent
 - with guidance of a care giver
 - needs support by a care giver / number of required care givers: _ _ _ _
 - completely dependent / number of required care givers: _ _ _ _
-

Dressing

- independent
 - with guidance of a care giver
 - needs support by a care giver / number of required care givers: _ _ _ _
 - completely dependent / number of required care givers: _ _ _ _
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Mobility

- independent
 - with aids independently possible (e.g. walking stick, orthoses, rollator, wheelchair)
 - requires assistance for walking
 - can NOT move independently (e.g. wheelchair)
 - Is bedridden and a care giver is needed for repositioning
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Required Aids

- no aids
- glasses, contact lenses
- wheelchair
- orthoses, for: -----
- others: -----
- walking stick / cane
- walker

Bladder and Toilet Use

- completely continent
- occasional incontinence, independent cleaning & change of pants/sanitary napkins
- often incontinent, needs support to clean & change pants / sanitary napkins
- completely incontinent
required aids: permanent catheter pants urinal condom

Brunnstrom Stages

- Stage 1: Flaccid paralysis
- Stage 2 : Movement in synergy pattern, emergence of spasticity
- Stage 3 : Voluntary synergy movements, increased spasticity
- Stage 4 : Spasticity is less evident than earlier, and movement combinations that deviate from synergies are possible.
- Stage 5 : Developing control of individual or isolated movements
- Stage 6 : Return to near-normal motor control

Treatment Program

Reviewer

Notes

Name	
Result (Y/N)	
In/Out-Patient	
Estimated Stay	

