

## ASSESSMENT TESTING SCREENING TOOL

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear patient:

If you currently feel, have felt, or have been diagnosed with any of the following symptoms or conditions, please check the appropriate boxes.

This is a screening tool that can help your Physical Therapist determine what assessment tests\* might be appropriate for you.

**Please check all that apply:**

<input type="checkbox"/>	Low back pain	<input type="checkbox"/>	Weakness in the arms	<input type="checkbox"/>	Diagnosed with diabetes
<input type="checkbox"/>	Numbness in the legs	<input type="checkbox"/>	Weakness in the hands	<input type="checkbox"/>	Diagnosed with neuropathy
<input type="checkbox"/>	Neck pain	<input type="checkbox"/>	Weakness in the legs	<input type="checkbox"/>	Dizziness/ Vertigo
<input type="checkbox"/>	Numbness in the arms	<input type="checkbox"/>	Overall muscle weakness	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Numbness/ tingling in the hands	<input type="checkbox"/>	Loss of sensation or decreased sensation in hands	<input type="checkbox"/>	History of falls due to dizziness or unsteady gait
<input type="checkbox"/>	Numbness/ tingling in the feet	<input type="checkbox"/>	Loss of sensation or decreased sensation in feet	<input type="checkbox"/>	Hypertension or hypotension
<input type="checkbox"/>	Burning sensation	<input type="checkbox"/>	Radiating pain in arms	<input type="checkbox"/>	Blurred vision
<input type="checkbox"/>	Sensation of pins & needles	<input type="checkbox"/>	Radiating pain in legs	<input type="checkbox"/>	Hearing problems

\*Electromyography/ Nerve Conduction Studies, Musculoskeletal Ultrasound, Somatosensory Evoked Potentials, Auditory & Visual Evoked Potentials, Vestibular testing.

*For office use below this line:*

Recommended testing (check all that apply):

<input type="checkbox"/>	Musculoskeletal ultrasound	<input type="checkbox"/>	EMG / NCV		<input type="checkbox"/>	Other:
<input type="checkbox"/>	Location:	<input type="checkbox"/>	Upper	<input type="checkbox"/>	Lower	<input type="checkbox"/>