

### Northeast Passage Physical Form

Please update all information for accuracy, sign, and date.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

Disability

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

General Physical Condition  Fair  Good  Excellent

Date of Last Tetanus \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies

Have you been treated by a physician in last year?  Yes  No

Why?

Medications (dosage, frequency, and reason)

Do you require assistive devices?

Endurance  Good  Poor  Decreases with Activity

Are you independent with mobility?  Yes  No

Are you independent with daily living?  Yes  No

Left Upper Extremity Strength

Good  Fair  Poor  Absent

Left Upper Extremity Range of Motion

Good  Limited

Upper Extremity Coordination

Good  Impaired

Left Lower Extremity Strength

Good  Fair  Poor  Absent

Left Lower Extremity Range of Motion

Good  Limited

Lower Extremity Coordination

Good  Impaired

Right Upper Extremity Strength

Good  Fair  Poor  Absent

Right Upper Extremity Range of Motion

Good  Limited

Right Lower Extremity Strength

Good  Fair  Poor  Absent

Right Lower Extremity Range of Motion

Good  Limited

Do you have any chronic conditions?

Diabetes

Circulatory Problem

Seizures

Asthma

Epilepsy

Spasticity

Heart Condition

Autonomic Dysreflexia

Other \_\_\_\_\_

High Blood Pressure

Sensory Loss

Do you have any behavior or general attitudes that interfere?

Low Frustration Tolerance

Inability to follow directions

Hostility

Anxiety

Confusion

Difficulty Problem Solving

Limited Attention

Difficulty Sequencing

Distractibility

Memory Loss

Impulsivity

Other \_\_\_\_\_

Explanation of the above behaviors:

Form completed by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participant, if other than self \_\_\_\_\_

Last entry date