

**PULMONARY REHABILITATION  
INITIAL EVALUATION WORKSHEET**

**PSYCHOSOCIAL:** What emotion best describes your response to your Diagnosis? \_\_\_\_\_ Acceptance  
 \_\_\_\_\_ Denial \_\_\_\_\_ Anger \_\_\_\_\_ Fear \_\_\_\_\_ Anxiety \_\_\_\_\_ Depressed \_\_\_\_\_ Overwhelmed

HOME ENVIRONMENT / FAMILY:

\_\_\_\_\_ Apartment \_\_\_\_\_ 1st floor \_\_\_\_\_ 2nd floor  
 \_\_\_\_\_ House \_\_\_\_\_ Ranch \_\_\_\_\_ 2 story \_\_\_\_\_ Basement

SOCIAL / FAMILY SUPPORT:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Supportive?: **Y N**

BECAUSE VIOLENCE IS SO COMMON IN MANY PEOPLE'S LIVES, WE HAVE BEGUN TO ASK ALL OF OUR PATIENTS ABOUT IT. IS THERE ANY THING YOU ARE CONCERNED ABOUT RELATED TO YOUR SAFETY & WELLBEING AT YOUR HOME OR IN THE COMMUNITY? **Y OR N**

**OCCUPATION:**  Current  Retired \_\_\_\_\_

SOCIAL HABITS:

- Frequently goes out / visits with family or friends.
- Occasionally goes out / visits with family or friends.
- Seldom goes out/ family or friends come to visit patient.
- Never goes out (except Dr). Rare social contacts outside of immediate family.

HOBBIES / INTERESTS:

Patient has a satisfying interest/hobby: \_\_\_\_\_

FLUID INTAKE

Water Intake: \_\_\_\_\_  
 Alcpohl Intake: \_\_\_\_\_

HOUSEHOLD ACTIVITIES / RESPONSIBILITIES:

- Independently maintains these functions.
- Has relinquished most activities/responsibilities but functions as a "helper" or advisor.
- Unable to participate and displays no interest in household activities or responsibilities.

**EDUCATIONAL VIDEOS:**

- Healthy choices for Managing Your Pulmonary Illness.
- Breathing Training for Pulmonary Pt.
- Exercise for Pulmonary Patients

**PATIENT READINESS TO PARTICIPATE:**

- \_\_\_\_\_ No barriers / receptive \_\_\_\_\_ Denial
- \_\_\_\_\_ Fatigue / Pain location \_\_\_\_\_ Pain Scale at Rest
- \_\_\_\_\_ English not primary language \_\_\_\_\_ Not Motivated
- \_\_\_\_\_ How does patient prefer to learn? \_\_\_\_\_ Transportation Issues
- \_\_\_\_\_ Reading \_\_\_\_\_ Listening
- \_\_\_\_\_ Watching \_\_\_\_\_ Hands-on

**EDUCATION CLASS ATTENDED + DATE:**

Lung Medications: \_\_\_\_\_  
 Dx of Lung Disease: \_\_\_\_\_  
 Nutritional Needs: \_\_\_\_\_  
 Psychology: \_\_\_\_\_  
 Diabetes Dx & Trmt: \_\_\_\_\_

**GOAL SETTING:** What is is that you are not doing now that you would like to do? \_\_\_\_\_

**PAIN ASSESSMENT:**

NO COMPLAINT OF PAIN AT THIS TIME

LOCATION	0-10 PAIN SCALE RATING:	CURRENT TREATMENT:
CHEST PAIN		
LEG PAIN		
INCISION PAIN		
MUSCLE/JOINT PAIN		
OTHER:		

**FALL RISK ASSESSMENT:**

NO FALL RISK AT THIS TIME

CONTRIBUTING FACTORS:	ADAPTATION REQUIRED	CONTRIBUTING FACTORS:	ADAPTATION REQUIRED
ALZHEIMER'S DISEASE		DIZZINESS	
ANTI-ANXIETY MEDS		FALL HISTORY	
ANTI-DEPRESSION MEDS		GAIT DISTURBANCE	
BALANCE DISTURBANCE		VISUAL DIFFICULTY	
COGNITIVE IMPAIRMENT		OTHER:	

\_\_\_\_\_  
**Pulmonary Rehab Staff-----RRT Signature Date/Time**

**INITIAL EVALUATION WORKSHEET**

PT  
 MR./RM.  
 DR.