

Ambulation Assessment

Ambulation Assessment

Assistive Device	
Assistive Devices	<input type="checkbox"/> None <input type="checkbox"/> Walker <input type="checkbox"/> Prosthesis <input type="checkbox"/> BiPAP/CPAP <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches
Ambulation	
Ambulation Distance	<input style="width: 100px;" type="text"/> (ft)
Ambulation Ability	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Contact Guard Assistance <input type="checkbox"/> Minimum Assistance <input type="checkbox"/> Moderate Assistance <input type="checkbox"/> Maximum Assistance <input type="checkbox"/> 1 Person Assist <input type="checkbox"/> 2 Person Assist
Ambulation Tolerance	<input type="radio"/> Excellent <input type="radio"/> Fair <input type="radio"/> Unable <input type="radio"/> Good <input type="radio"/> Poor
Factors Limiting Ambulation/Activity	<input type="checkbox"/> Attention Impaired <input type="checkbox"/> Immobility <input type="checkbox"/> Sensation Impaired <input type="checkbox"/> Balance Impaired <input type="checkbox"/> Pain <input type="checkbox"/> Transfer Assistance <input type="checkbox"/> Endurance Decreased <input type="checkbox"/> Poor Safety Awareness <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Gait Impaired <input type="checkbox"/> Refused <input type="checkbox"/> Weakness <input type="checkbox"/> Gait Unsteady <input type="checkbox"/> ROM Impaired <input type="checkbox"/> Other
Other Factors Limiting Ambulation/Activity	<input style="width: 100%; height: 40px;" type="text"/>
Refused Ambulation/Activity	<input type="radio"/> Yes
Patient Refused Ambulation/Activity Comment	<input style="width: 100%; height: 40px;" type="text"/>
Ambulation Comments	
Ambulation Additional Comments	<input style="width: 100%; height: 40px;" type="text"/>

RN Print Name: _____

RN Signature: _____

Date/Time: _____

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Patient Label

DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY