

ICF

Basic physiotherapy form



| | | Problem | Goal |
|-------------|--|--------------------------|--------------------------|
| f130 | Energy and motivation functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f134 | Sleep functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f140 | Attention functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f144 | Memory functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f152 | Emotional functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f210 | Vision functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f230 | Hearing functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f280 | Pain perception | <input type="checkbox"/> | <input type="checkbox"/> |
| f710 | Joint mobility functions | <input type="checkbox"/> | <input type="checkbox"/> |
| f730 | Muscle strength functions | <input type="checkbox"/> | <input type="checkbox"/> |
| a1 | Learning and applying knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| a230 | Performing daily routines | <input type="checkbox"/> | <input type="checkbox"/> |
| a3 | Communication | <input type="checkbox"/> | <input type="checkbox"/> |
| a410 | Changing basic body position | <input type="checkbox"/> | <input type="checkbox"/> |
| a415 | Maintaining body position | <input type="checkbox"/> | <input type="checkbox"/> |
| a430 | Lifting and carrying objects | <input type="checkbox"/> | <input type="checkbox"/> |
| a450 | Walking | <input type="checkbox"/> | <input type="checkbox"/> |
| a455 | Moving around | <input type="checkbox"/> | <input type="checkbox"/> |
| a510 | Independent washing | <input type="checkbox"/> | <input type="checkbox"/> |
| a530 | Intimate hygiene | <input type="checkbox"/> | <input type="checkbox"/> |
| a540 | Dressing | <input type="checkbox"/> | <input type="checkbox"/> |
| a640 | Doing housework | <input type="checkbox"/> | <input type="checkbox"/> |
| a750 | Informal social relationships | <input type="checkbox"/> | <input type="checkbox"/> |
| a760 | Family relationships | <input type="checkbox"/> | <input type="checkbox"/> |
| a770 | Intimate relationships | <input type="checkbox"/> | <input type="checkbox"/> |
| a850 | Paid work | <input type="checkbox"/> | <input type="checkbox"/> |
| a920 | Relaxation and use of free time | <input type="checkbox"/> | <input type="checkbox"/> |
| č450 | Personal attitudes of healthcare professionals | <input type="checkbox"/> | <input type="checkbox"/> |

Patient:

Record Number:

Date: