

Assessment Form

Full first name: _____ Home address: _____
 Family name : _____ Zipcode : _____ City : _____
 Date of Birth : _____ (dd-mm-yyyy) Country : _____
 Gender : circle **M** or **F** Telephone : _____
 Note: Please complete in black or dark blue ink. E-mail : _____

Diagnosis and additional information

	Mobility		Strength	
	R	L	R	L
Shoulders				
Flexion				
Rotation				
Abduction				
Adduction				
Elbows	R	L	R	L
Pronation				
Supination				
Extension				
Flexion				
Wrists	R	L	R	L
Dorsi-flex.				
Radio-ulnar				
Hips	R	L	R	L
Extension				
Flexion				
Abduction				
Knees	R	L	R	L
Extension				
Flexion				

	R	L
Arm length cm		
Leg length cm		
Grip lacking		

	R	L
Back rotation to		
Neck rotation		
Plays from		

Buggy?

Circle **YES** or **NO**

Impairment Class.

Circle: **A** (ae / be / ak / bk) - **I - N - SCL - O - Vi**

Short stature : body length: _____ cm; arm span: _____ cm
 Hypertonia : circle 0 1 2 3 4
 Upper limb/lower limb : _____
 Ataxia : _____
 Athetosis : _____
 Vision : circle B1 B2 B3
 Intellectual disability : _____

Medical examiner:

I confirm that the information is correct.

Date: _____

Reg. Doctor

Reg. Optician

Signature _____

Reg. Occupational therapist

Reg. Physiotherapist

Printed name _____

Approved by EDGA official : circle **YES** or **NO**

Confirmed / Review before : _____

Date : _____

Signature EDGA-official : _____

Name EDGA-official : _____