



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : Breathing exs, CHEST P.N.T, Limb exercises,
Bed mobility exs, Streching exs.

Re-Assessment : Patient doing well

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{		{	
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{	1/5	{	1/5
Knee				
Ankle				
Toes				

Name : DR. ASHWINI B

Signature & Employee ID

Date & Time : 7/11/24 3:30pm

DR. BISSI

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : Breathing exs, limb PT, Bed mobility
exs, Muscle activation, Prepped up setting

Re-Assessment : Patient doing well

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{		{	
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{	1/5	{	1/5
Knee				
Ankle				
Toes				

Name : Agnes R

Signature & Employee ID

Date & Time : 8/11/24 10:15am

DR. BISSI