



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : CHEST PNT, CHEST PT, JOINT compression
suctioning down

Re-Assessment : Patient stable post session

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{	{ 115	{	{ 115
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{ full	{ 115	{ full	{ 115
Knee				
Ankle				
Toes				

Name : Dr. ASHWINI B

Signature & Employee ID

Date & Time : 28/10/24 4:30 pm

DIS 83

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : CHEST PNT, CHEST PT, JOINT compression
suctioning down

Re-Assessment : Patient shifted to ward

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{	{ 115	{	{ 115
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{ full	{ 115	{ full	{ 115
Knee				
Ankle				
Toes				

Name : Dr. ASHWINI B

Signature & Employee ID

Date & Time : 29/10/24 4:45 pm

DIS 83