



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment :

Breathing ex, limb pt, joint
compression, chest pt,

Re-Assessment :

Patient is following commands.

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{	0/5	{	0/5
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{	1/5	{	1/5
Knee				
Ankle				
Toes				

Name : D Afres R

Signature & Employee ID

Date & Time : 19/10/24 11:10 am

DD1533.

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Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{	1/5	{	1/5
Knee				
Ankle				
Toes				

Name : D Afres R

Signature & Employee ID

Date & Time :

21/10/24 11:30 am

DD1533