

Physiotherapy Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2024-02-16			

NAME: Alston Rebello

AGE : 27

CONTACT NO.: 971506245967

Referring Healthcare professional : Ahmad Irfan

CHIEF COMPLAIN:
NA

HISTORY :
NA

MEDICATIONS:
NA

Mental Status: ☒ Oriented ☒ Disoriented ☒ Impaired Cognition ☐ Others

Pain Assessment Score: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Pain Classification: ☒ Acute ☒ Sub Acute ☒ Chronic

Recurrent: sds

Duration of Injury : 1/13/2024 12:00:00 AM

Condition Status: ☒ Getting Worse ☒ Better ☒ Still the same

AFFECTED BODY PARTS: ghg

PHYSICAL ASSESSMENT

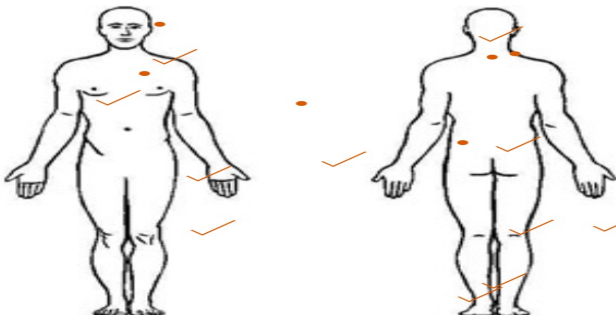
OBSERVATION INSPECTION: ghg

PALPATION : ghg

ROM : ghg

MUSCLE POWER TEST : ghgh

SPECIAL TEST: gh



NEUROLOGICAL ASSESSMENT

REFLEXES:hghDERMATOME:gjMYOTOMEgj

ADL ACTIVITIES:

☒Independent☒dependent☒DependentNeeds Crutche/Walker/heelchair

Physical Condition:

☒Active☒Athlete Sedentary☒Lifestyle Bedridden

RADIOLOGY REPORT :ghh

DIFFERENTIAL DIAGNOSIS:NA

SHORT TERM GOAL:gj



DIAGNOSIS:NA
TREATMENT PLAN
PROCEDUREâ€" ggh

LONG TERM GOALS: gj

FOLLOW UP PLAN & SESSIONS :gjgj

RECOMMENDED REFERRAL -gj

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-02-16 (11:30 - 11:45)</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-02-16 (11:30 - 11:45)</div>

