

## Physiotherapy And Occupational Therapy Form

Patient Name	:	adnic adnic		Emirates ID	:	784-7766-4326987-6				
File No	:	12	DOB	:	2000-07-04		Nationality	:	Other	
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya		Date	:	2024-02-12	

Referring Physician:											
Specialty:		ENT									
Date:		2/12/2024 12:00:00 AM									
Diagnosis:		NA									
Onset/Duration:		1/1/1900 12:00:00 AM									
Associated Problems:											
Current Functional Status:											
Mental Status:	<input type="radio"/> Oriented		<input type="radio"/> Disoriented		<input type="radio"/> Impaired Cognition			<input type="radio"/> Others			
Pain Assessment Site of Pain											
Score	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
Pain Medication											
Pain Management Plan:											
PART	ACTION	STRENGTH 0-5/5		R.O.M		PART	ACTION	STRENGTH 0-5/5		R.O.M	
		R	L	R	L			R	L	R	L
Shoulder	Abduction					HIP	Abduction				
Abduction					Abduction						
Foot/Toes											
Fine Motors											
Hand Dominance											
Spasticity Score											
Spasticity Medications&Doses											

Orthotic/Equipment			
1.			
2.			
3.			
4.			
Goals			
Short Term		Time Frame & Frequency/wk:	
Long Term		Time Frame & Frequency/wk:	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name adnic adnic  Date 2024-02-12 18:15	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)  Date 2024-02-12 18:15

