

Physiotherapy And Occupational Therapy Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	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
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 Reshma Siya Date 2024-02-12 14:30	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 14:30

