

## Physiotherapy And Occupational Therapy Form

Patient Name	:	sandhya rani				Emirates ID	:	784-1996-9294842-7	
File No	:	7	DOB	:	2023-10-09	Nationality	:	Other	
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya	Date	:	2023-12-21	

Referring Physician:	4									
Specialty:	ENT									
Date:	1/20/2024 12:00:00 AM									
Diagnosis:	NA									
Onset/Duration:	1/1/1900 1:00:00 AM									
Associated Problems:	4									
Current Functional Status:	4									
Mental Status:	<input checked="" type="radio"/> Oriented	<input type="radio"/> Disoriented			<input type="radio"/> Impaired Cognition			<input type="radio"/> Others		
Pain Assessment Site of Pain	4									
Score	<input type="radio"/> 1	<input checked="" 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	4									
Pain Management Plan:	44									
Foot/Toes	4									
Fine Motors	4									
Hand Dominance	4									
Spasticity Score	4									
Spasticity Medications&Doses	4									
Orthotic/Equipment										
1. 4										
2. 4										
3. 4										

4. 4

Goals

Short Term

4

Time Frame & Frequency/wk:

4

Long Term

4

Time Frame & Frequency/wk:

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT

DOCTOR



Patient Name  
sandhya rani

Date  
2023-12-21 08:30

Doctor Name  
Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)

Date  
2023-12-21 08:30

