

## Physiotherapy Assessment Form

Patient Name	:	Mavis Vermillion	Emirates ID	:	784-1991-4489987-2
File No	:	20	DOB	:	1991-01-01
Nationality	:	Japanese			
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
Date	:	2024-02-15			

NAME: Mavis Vermillion

AGE : 33

CONTACT NO.: 971555556666

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: w

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

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

AFFECTED BODY PARTS: w

### PHYSICAL ASSESSMENT

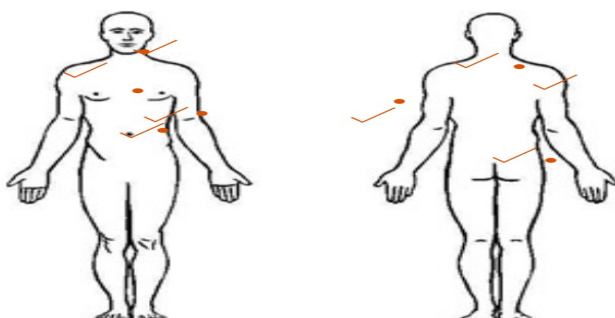
OBSERVATION INSPECTION: w

PALPATION : w

ROM : w

MUSCLE POWER TEST : w

SPECIAL TEST: w



NEUROLOGICAL ASSESSMENT

REFLEXES:wDERMATOME:wMYOTOMEw

ADL ACTIVITIES:

☒Independent

☒dependent

☒DependentNeeds Crutche/Walker/heelchair

Physical Condition:

☒Active

☒Athlete Sedentary

☒Lifestyle Bedridden

RADIOLOGY REPORT :w

DIAGNOSIS:NA

TREATMENT PLAN

PROCEDUREâ€™ wd

DIFFERENTIAL DIAGNOSIS:NA



SHORT TERM GOAL:wd

LONG TERM GOALS: wd

FOLLOW UP PLAN & SESSIONS :wd

RECOMMENDED REFERRAL -wd

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
<div>Patient Name</div> <div>Mavis Vermillion</div> <div>Date</div> <div>2024-02-15 (09:45 - 10:00 )</div>	<div>Doctor Name</div> <div>Ahmad Irfan - Hijama (GD007)</div> <div>Date</div> <div>2024-02-15 (09:45 - 10:00 )</div>

