Physiotherapy Assessment Form									
Patient Name	:	Alston Rebello			Emirates ID	:	111-1111-1111111-1		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Ahmad Irfan	Date	:	2023-12-19	

NAME:Alston Rebello	AGE :	AGE :27						CONTACT NO.:971506245967					
Referring Healthcare profe	essional : Ahma	ad Irfa	n										
CHIEF COMPLAIN: NA	HISTO NA	HISTORY: NA					MEDICATIONS: NA						
Mental Status: □O	iented	□Di	isorier	nted		∏Impai Cognitio			□Oth	ners			
Pain Assessment Score:		01	<b>C</b> 2	<b>⊙</b> 3	04	O 5	O 6	C 7	08	09	C 10		
Pain Classification:	□Acute			□Sub	Acute	е		□Ch	ronic				
Recurrent: s													
Duration of Injury : 12/20	/2023 12:00:00	) AM											
Condition Status:	<b></b> Getting Wor	g Worse □Better					□Still the same						
AFFECTED BODY PARTS:s													
		<u>PH</u> )	YSICAL A	ASSESSM	<u>ENT</u>								
OBSERVATION INSPECTION PALPATION: S ROM: S MUSCLE POWER TEST: S SPECIAL TEST: S	ON:s												
NEUROLOGICAL ASSESSM	ENT												
REFLEXES:s DERM			RMATOME:s MYOT					OMEs					
ADL ACTIVITIES:	<b></b> Independen	t		□dependent				□Dependent Needs Crutche/Walker/heelchair					
Physical Condition:	□Active			∏Ath	lete S	Sedenta	ry	□Lif	estyle	Bedri	dden		
RADIOLOGY REPORT :s													

DIAGNOSIS:NA

TREATMENT PLAN

PROCEDUREâ€" s

DIFFERENTIAL DIAGNOSIS:NA SHORT TERM GOAL:S LONG TERM GOALS: S

FOLLOW UP PLAN & SESSIONS :s RECOMMENDED REFERRAL -s

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction						
PATIENT	DOCTOR					
Patient Name Alston Rebello Date 2023-12-19 12:30	Doctor Name Ahmad - Hijama (GD007) Date 2023-12-19 12:30					