

Physiotherapy And Occupational Therapy Form

Patient Name	:	Reshma Siya				Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya	Date	:	2024-02-12

Referring Physician:		u																		
Specialty:		ENT																		
Date:		1/20/2024 12:00:00 AM																		
Diagnosis:		NA																		
Onset/Duration:		1/1/1900 1:00:00 AM																		
Associated Problems:		u																		
Current Functional Status:		u																		
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		u																		
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		u																		
Pain Management Plan:		u																		

[illegible]

Foot/Toes	u
Fine Motors	u
Hand Dominance	
Spasticity Score	u

Spasticity Medications&Doses		u	
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 20:30	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 20:30

