

## Physiotherapy And Occupational Therapy Form

Patient Name	:	Vinod Kumar Duvuru	Emirates ID	:	784-1880-6545646-5
File No	:	19	DOB	:	1880-03-22
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Doctor Vision
Date	:	2024-02-17			


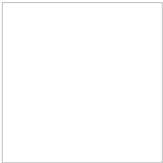
Referring Physician:	sdtt									
Specialty:	Dermatology									
Date:	1/20/2024 12:00:00 AM									
Diagnosis:	NA									
Onset/Duration:	1/1/1900 1:00:00 AM									
Associated Problems:	yty									
Current Functional Status:	t									
Mental Status:	<input checked="" type="radio"/> Oriented	<input type="radio"/> Disoriented	<input type="radio"/> Impaired Cognition	<input type="radio"/> Others						
Pain Assessment Site of Pain	tutu									
Score	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input checked="" 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	tuu									
Pain Management Plan:	tut									

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	f		f		HIP	Abduction				
	Abduction	f	f	f			Abduction				
	Flexion	f	f				Flexion				
	Extension	f	f	f			Extension				
	Int. Rotation	f		f	f		Int. Rotation				
	Ext. Rotation	f	f		f		Ext. Rotation				

Elbow	Flexion	f	f	f		Knee	Flexion				
	Extension	f	f	f	f		Extension				
Forearm	Supination	f	f		f	Wrist	Flexion				
	Pronation	f	f	f	f		Extension				
Fingers	Grip	f	f	f	f	Trunk Balance	Flexion				
	Extension	f		f			Extension				
Ankle	Dorsiflexion	f	f	f	f	Neck Movement	Flexion				
	Plantar Flexion	f		f	f		Extension				
	Eversion	f		f			Lat Flexion				
	Inversion	f	f	f	f		Rotation				

Foot/Toes	f		
Fine Motors	f		
Hand Dominance	f		
Spasticity Score	f		
Spasticity Medications&Doses	f		
Orthotic/Equipment			
1. f			
2. f			
3. f			
4. f			
Goals			
Short Term	f	Time Frame & Frequency/wk:	ffff
Long Term	f	Time Frame & Frequency/wk:	ffff

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

	
<div>Patient Name Vinod Kumar Duvuru</div> <div>Date 2024-02-17 (10:00 - 10:15 )</div>	<div>Doctor Name Doctor Vision - Speech Therapy (DHA101)</div> <div>Date 2024-02-17 (10:00 - 10:15 )</div>

