

Physiotherapy And Occupational Therapy Form

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|--------------|---|-------------|---------------|---|--------------------|
| Patient Name | : | adnic adnic | Emirates ID | : | 784-7766-4326987-6 |
| File No | : | 12 | DOB | : | 2000-07-04 |
| Nationality | : | Other | | | |
| Gender | : | Male | Doctor's Name | : | Shilpa Sandhya |
| Date | : | 2024-02-12 | | | |

| | | | | | | | | | | |
|------------------------------|--------------------------------|-----------------------------------|--|------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Referring Physician: | | | | | | | | | | |
| Specialty: | ENT | | | | | | | | | |
| Date: | 2/12/2024 12:00:00 AM | | | | | | | | | |
| Diagnosis: | NA | | | | | | | | | |
| Onset/Duration: | 1/1/1900 12:00:00 AM | | | | | | | | | |
| Associated Problems: | | | | | | | | | | |
| Current Functional Status: | | | | | | | | | | |
| Mental Status: | <input type="radio"/> Oriented | <input type="radio"/> Disoriented | <input type="radio"/> Impaired Cognition | <input type="radio"/> Others | | | | | | |
| Pain Assessment Site of Pain | | | | | | | | | | |
| Score | <input type="radio"/> 1 | <input 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 | | | | | | | | | | |
| Pain Management Plan: | | | | | | | | | | |

| 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 | | | | | HIP | Abduction |
| Abduction | | | | | Abduction | | |
| Flexion | | | | | Flexion | | |
| Extension | | | | | Extension | | |
| Int. Rotation | | | | | Int. Rotation | | |
| Ext. Rotation | | | | | Ext. Rotation | | |
| Elbow | Flexion | | | | | Knee | Flexion |

| | | | | | | | |
|------------------------------|--------------|--|--|----------------------------|-------------|---------------|---------|
| Extension | | | | | Extension | | |
| Forearm | Supination | | | | | Wrist | Flexion |
| Pronation | | | | | Extension | | |
| Fingers | Grip | | | | | Trunk Balance | Flexion |
| Extension | | | | | Extension | | |
| Ankle | Dorsiflexion | | | | | Neck Movement | Flexion |
| Plantar Flexion | | | | | Extension | | |
| Eversion | | | | | Lat Flexion | | |
| Inversion | | | | | Rotation | | |
| Foot/Toes | | | | | | | |
| Fine Motors | | | | | | | |
| Hand Dominance | | | | | | | |
| Spasticity Score | | | | | | | |
| Spasticity Medications&Doses | | | | | | | |
| 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 style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> |

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| <p>Patient Name adnic adnic</p> <p>Date 2024-02-12 21:15</p> | <p>Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)</p> <p>Date 2024-02-12 21:15</p> |
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