

Physiotherapy And Occupational Therapy Form

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|--------------|---|-------------|---------------|---|--------------------|
| Patient Name | : | Reshma Siya | Emirates ID | : | 784-6478-3648736-8 |
| File No | : | 4 | DOB | : | 1995-05-21 |
| Gender | : | Female | Doctor's Name | : | Shilpa Sandhya |
| | | | Date | : | 2024-02-13 |

| | | | | | | | | | | |
|------------------------------|--------------------------------|-----------------------------------|--|------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Referring Physician: | | | | | | | | | | |
| Specialty: | ENT | | | | | | | | | |
| Date: | 2/13/2024 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 | | | | |
| | Abduction | | | | | | Abduction | | | | |
| Flexion | | | | | Flexion | | | | | | |
| Extension | | | | | Extension | | | | | | |
| Int. Rotation | | | | | Int. Rotation | | | | | | |
| Ext. Rotation | | | | | Ext. Rotation | | | | | | |

| | |
|---|---|
| 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> |
| <div style="text-align: center;"> Patient Name Reshma Siya Date 2024-02-13 12:00 </div> | <div style="text-align: center;"> Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-13 12:00 </div> |

