


Physiotherapy And Occupational Therapy Form

Patient Name	:	Aswathi Vipin	Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21
Gender	:	Female	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				
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
	
Patient Name Aswathi Vipin Date 2024-02-12 11:45	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 11:45