

## Physiotherapy And Occupational Therapy Form

Patient Name	:	sandhya rani		Emirates ID	:	784-1996-9294842-7				
File No	:	7	DOB	:	2023-10-09		Nationality	:	Other	
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				
	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></div>
<div>Patient Name sandhya rani  Date 2024-02-12 16:45</div>	<div>Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)  Date 2024-02-12 16:45</div>

