

Physiotherapy And Occupational Therapy Form									
Patient Name		sai krishr	na			Emirates ID		784-8666-6666666-7	
File No	:	8	DOB		1996-09-25	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 F	unctional S	tatus:																	
Mental St	atus:		Orio	ented	© Disoriente					I	C Impaired Cognition					COthers			
Pain Asse	essment Site	e of Pa	in																
Score					C1		C 2		© 3	C 4	0	5	C 6	C 7	C 8		C 9	C10	
Pain Med	ication																		
Pain Management Plan:																			
STRENGTH 0-5/5			R.O.M				PART ACTIO		TON	STRENGTH 0-5/5			R.O.M						
		R	L		I	R		L					R	L		R	L		
Shoulder	Abduction									HIP	Abd	luction							
	Abduction										Abd	luction							
	Flexion										Flex	kion							
	Extension										Exte	ension							
	Int. Rotation										Int. Rot	ation							
	Ext. Rotation										Ext. Rot	ation							

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/Toe	pot/Toes											
Fine Moto	ne Motors											
Hand Doı	and Dominance											
Spasticity	' Score											
Spasticity	/ Medications&Doses											
Orthotic/	Equipment											
1.												
2.												
3.												
4.												
Goals												
Short Term						Time Frame & Frequency/wk:						
Long Ter	m				Time Fram	e & Freque	ncy/wk:					

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

Patient Name	Doctor Name
sai krishna	Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)
Date	Date
2024-02-12 20:00	2024-02-12 20:00

