

Physiotherapy And Occupational Therapy Form

Patient Name	:	sai krishna	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 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		
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>
Patient Name sai krishna Date 2024-02-12 14:45	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 14:45

