

Physiotherapy And Occupational Therapy Form										
Patient Name	:	Aswathi Vipin				Emirates ID	:	784-2543-5254612-1		
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian		
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 NA													
			1/1/1900 12:00:00 AM											
Associated Problems:														
Current Functional Status:														
Mental Status:	Oriented			O Dis	oriented			C Impa	ired Cog	nition	COth	ners		
Pain Assessment Site of Pain								1			•			
Score		C1	C 2		C3	C 4	С	5	C 6	C 7	C8	C 9	C 10	
Pain Medication		•				·				•	•			
Pain Management Plan:														

	R.O.M	7												
	R		PART		ACTION	STRENGTH 0-5/5 R L	R.O.M R L							
	Foot/Toes													
		Fine Motors												
		Hand Dominance												
		Spasticity Score												
		Spasticity Medications&Doses												
		Orthotic/Equipment												
		1.												
		2.												
		3.												
ARTACTION		4.												
	R L	Goals												
		Short Term			Time Frame & Frequenc	cy/wk:								
		Long Term			Time Frame & Frequenc	xy/wk:								
		Sign here, only if all of your questions have been answered to your satisfaction												
		PATI	IENT			DOCTOR								
		Patient Aswath			Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)									
		Dai 2024-02-		5	Date 2024-02-12 14:15									
		Vision Technologies A One Stop Professional IT Solution Provider & Trusted Local IT Partner 5 Branches, +16 Years service, +50 Professionals & +5,000 Customers in UAE & Gulf Countries												