

Physiotherapy Assessment Form

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|--------------|---|-------------|---------------|---|--------------------|
| Patient Name | : | Reshma Siya | Emirates ID | : | 784-6478-3648736-8 |
| File No | : | 4 | DOB | : | 1995-05-21 |
| Nationality | : | Other | | | |
| Gender | : | Female | Doctor's Name | : | Ahmad Irfan |
| Date | : | 2024-03-01 | | | |

NAME: Reshma Siya

AGE : 28

CONTACT NO.: 971522058819

Referring Healthcare professional : Ahmad Irfan

CHIEF COMPLAIN:
NA

HISTORY :
NA

MEDICATIONS:
NA

Mental Status: ☐ Oriented ☐ Disoriented ☐ Impaired Cognition ☐ Others

Pain Assessment Score: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Pain Classification: ☐ Acute ☐ Sub Acute ☐ Chronic

Recurrent:

Duration of Injury : 3/1/2024 12:00:00 AM

Condition Status: ☐ Getting Worse ☐ Better ☐ Still the same

AFFECTED BODY PARTS:

PHYSICAL ASSESSMENT

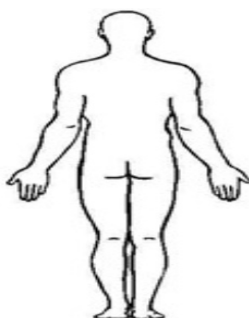
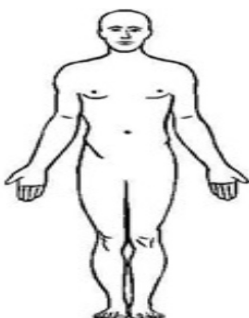
OBSERVATION INSPECTION:

PALPATION :

ROM :

MUSCLE POWER TEST :

SPECIAL TEST:



NEUROLOGICAL ASSESSMENT

REFLEXES:DERMATOME:MYOTOME

ADL ACTIVITIES:

☐Independent

☐dependent

☐DependentNeeds Crutche/Walker/heelchair

Physical Condition:

☐Active

☐Athlete Sedentary

☐Lifestyle Bedridden

RADIOLOGY REPORT :

DIAGNOSIS:NA

DIFFERENTIAL DIAGNOSIS:NA

PROCEDUREâ€”TREATMENT PLAN



SHORT TERM GOAL:

LONG TERM GOALS:

FOLLOW UP PLAN & SESSIONS :

RECOMMENDED REFERRAL -

Evaluated by :Ahmad Irfan

| | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
|  |  |
| Patient Name Reshma Siya Date 2024-03-01 (11:15 - 11:30) | Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-03-01 (11:15 - 11:30) |

