

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: © Oriented			© Disoriented						C Impa	ired Cogr	nition	C Others				
Pain Assessment Site of Pain																
Score				C 1	C 2		C3	O4	O	5	C 6	O 7	C 8	© 9	0	10
Pain Medication																
Pain Management Plan:																
										_ 						
	<u> </u>															
	<u> </u>															
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 h	ave been answered to your satisfa	ction				
PAT	IENT	DOCTOR					
Patient sandh Da 2024-02-	ya rani	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 11:15					

