




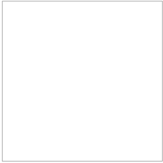
Physiotherapy And Occupational Therapy Form								
Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya	Date	:	2024-01-24

Referring Physician:		r									
Specialty:		ENT									
Date:		1/20/2024 12:00:00 AM									
Diagnosis:		NA									
Onset/Duration:		1/1/1900 12:30:00 AM									
Associated Problems:		r									
Current Functional Status:		r									
Mental Status:	<input checked="" type="radio"/> Oriented			<input type="radio"/> Disoriented			<input type="radio"/> Impaired Cognition			<input type="radio"/> Others	
Pain Assessment Site of Pain		r									
Score		<input type="radio"/> 1	<input checked="" 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		r									
Pain Management Plan:		r									

[illegible]

Foot/Toes	r
Fine Motors	r
Hand Dominance	r
Spasticity Score	r

Spasticity Medications&Doses		r	
Orthotic/Equipment			
1. r			
2. r			
3. r			
4. r			
Goals			
Short Term	r	Time Frame & Frequency/wk:	r
Long Term	r	Time Frame & Frequency/wk:	r

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-01-24 09:00	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-01-24 09:00

