

Physiotherapy Assessment Form

Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-08			

NAME:tousif toplife AGE :2 CONTACT NO.:971563687976

Referring Healthcare professional : Ahmad Irfan

CHIEF COMPLAIN: HISTORY : MEDICATIONS:

s s s

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: s

Duration of Injury : 12/15/2023 12:00:00 AM

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

AFFECTED BODY PARTS:s

PHYSICAL ASSESSMENT

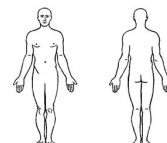
OBSERVATION INSPECTION:ss

PALPATION :s

ROM : s

MUSCLE POWER TEST :s

SPECIAL TEST:s



NEUROLOGICAL ASSESSMENT

REFLEXES:s

DERMATOME:s

MYOTOMES

ADL ACTIVITIES: ☒Independent ☐dependent ☐Dependent Needs Crutche/Walker/heelchair



Physical Condition: ☐Active ☐Athlete Sedentary ☐Lifestyle Bedridden

RADIOLOGY REPORT :s

DIAGNOSIS: olorado tick fever
TREATMENT PLAN
PROCEDUREâ€™ s

DIFFERENTIAL DIAGNOSIS: olorado tick fever
SHORT TERM GOAL:s
LONG TERM GOALS: s
FOLLOW UP PLAN & SESSIONS :s
RECOMMENDED REFERRAL -s

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name tousif toplife Date 2023-12-08 08:30	Doctor Name Ahmad - Hijama (GD007) Date 2023-12-08 08:30