
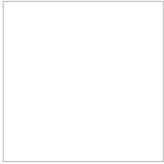


Physiotherapy And Occupational Therapy Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Occupational therapy
Date	:	2024-01-31			

Referring Physician:	5									
Specialty:	Allergy & Immunology									
Date:	1/11/2024 12:00:00 AM									
Diagnosis:	NA									
Onset/Duration:	1/1/1900 5:30:00 AM									
Associated Problems:	5									
Current Functional Status:	5									
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	5									
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	5									
Pain Management Plan:	5									
PART	ACTION	STRENGTH	R.O.M	PART	ACTION	STRENGTH	R.O.M			
		0-5/5				0-5/5				

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT 	DOCTOR 
Patient Name sai krishna Date 2024-01-31 12:00	Doctor Name Occupational therapy - Occupational Therapy (0) Date 2024-01-31 12:00

