

Physiotherapy And Occupational Therapy Form								
Patient Name	:	Alston Re	ebello			Emirates ID		784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20	Nationality		Indian
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya	Date		2024-02-13

Referring Physician:	d												
Specialty:	ENT												
Date:	1/13/2024 12:00:00 AM												
Diagnosis:	NA												
Onset/Duration:	1/1/1900 1:00:00 AM												
Associated Problems:	d												
Current Functional Status:	d												
Mental Status:	⊙ Oriented		C Disoriented Cognition					nition	Others				
Pain Assessment Site of Pai	d												
Score	O1	© 2		C 3	C4	0	5	C 6	C 7	C8	C 9	C10	
Pain Medication	d												
Pain Management Plan:	d												
	·					·	_			·			

PART	ACTION	STREI 0-5	NGTH 5/5	R.O.M		PART	ACTION	STRENGTH 0-5/5		R.O.M	
		R	L	R	L			R	L	R	L
	Abduction	d				НІР	Abduction				
	Abduction	d					Abduction				
Shoulder	Flexion	d					Flexion				
	Extension	d					Extension				
	Int. Rotation	d					Int. Rotation				
	Ext. Rotation	d					Ext. Rotation				

Elbow	Flexion					Knee	Flexion		
	Extension						Extension		
Forearm	Supination					Wrist	Flexion		
	Pronation						Extension		
Fingers	Grip)				Trunk	Flexion		
ringers	Extension					Balance	Extension		
	Dorsiflexion						Flexion		
Ankle	Plantar Flexion					Neck	Extension		
	Eversion					Movement	Lat Flexion		
	Inversion	nversion				Rotation			

Sign here, only if all of your questions have been answered to your satisfaction						
PATIENT	DOCTOR					
Patient Name Alston Rebello Date 2024-02-13 (22:15 - 22:30)	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-13 (22:15 - 22:30)					

