

Physiotherapy And Occupational Therapy Form

Patient Name	:	silpa rani silpa	Emirates ID	:	784-3428-9977222-2
File No	:	6	DOB	:	2023-11-13
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya
			Date	:	2024-02-13

Referring Physician:										
Specialty:	ENT									
Date:	2/13/2024 12:00:00 AM									
Diagnosis:	NA									
Onset/Duration:	1/1/1900 12:00:00 AM									
Associated Problems:										
Current Functional Status:										
Mental Status:	<input type="radio"/> Oriented	<input type="radio"/> Disoriented	<input type="radio"/> Impaired Cognition	<input type="radio"/> Others						
Pain Assessment Site of Pain										
Score	<input type="radio"/> 1	<input 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										
Pain Management Plan:										

PART	ACTION	STRENGTH 0-5/5		R.O.M		PART	ACTION	STRENGTH 0-5/5		R.O.M	
		R	L	R	L			R	L	R	L
Shoulder	Abduction					HIP	Abduction				
	Abduction						Abduction				
	Flexion						Flexion				
	Extension						Extension				
	Int. Rotation						Int. Rotation				
	Ext. Rotation						Ext. Rotation				

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name silpa rani silpa Date 2024-02-13 12:15	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-13 12:15

