

## 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	:	2023-12-09			

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

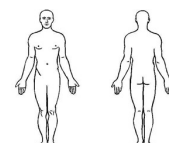
Duration of Injury : 12/15/2023 12:00:00 AM

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

AFFECTED BODY PARTS:s

### PHYSICAL ASSESSMENT

OBSERVATION INSPECTION:s  
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:NA

TREATMENT PLAN

PROCEDUREâ€” s

DIFFERENTIAL DIAGNOSIS:NA


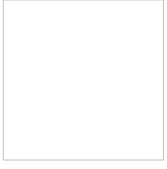
SHORT TERM GOAL:s

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 2023-12-09 16:30	Doctor Name Ahmad - Hijama (GD007)  Date 2023-12-09 16:30