

Physiotherapy And Occupational Therapy Form

Patient Name	:	Tahaseen Tahaseen		Emirates ID	:	784-8888-6666666-7		
File No	:	9	DOB	:	2001-09-09	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya	Date	:	2024-02-12

Referring Physician:																				
Specialty:		ENT																		
Date:		2/12/2024 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			R	L	R	L					
Shoulder	Abduction								HIP	Abduction										
Foot/Toes																				
Fine Motors																				
Hand Dominance																				
Spasticity Score																				
Spasticity Medications&Doses																				
Orthotic/Equipment																				

1.			
2.			
3.			
4.			
Goals			
Short Term		Time Frame & Frequency/wk:	
Long Term		Time Frame & Frequency/wk:	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Tahaseen Tahaseen Date 2024-02-12 16:00	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 16:00

