

| Physiotherapy And Occupational Therapy Form | | | | | | | | | | |
|---|--|-------------|---------------|-------------|----------------|--------------------|---|------------|--|--|
| Patient Name | | Aswathi Vip | in | Emirates ID | : | 784-2543-5254612-1 | | | | |
| File No | | 1 | DOB | | 1991-11-21 | Nationality | : | Indian | | |
| 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: Oriented | | | | | | | O Dis | oriented | C Impaired | | | d Cognition | | | Others | | | | | |
| Pain Ass | essment Sito | e of Pain | | | | | | | | | | | | | | | | | | |
| Score | | | O1 O2 | | | C 3 | O4 | 0 | 5 | C 6 | | O 7 | C8 | | C 9 | 0 | 10 | | | |
| Pain Medication | | | | | | | | | • | | | | | | | | | | | |
| Pain Management Plan: | | | | | | | | | | | | | | | | | | | | |
| PART ACTION | | | STRENGTH 0-5/5 | | | R.O. | | | PART AC | | CTION | | STRENGT 0-5/5 | | | H R.O | | D.M | ·.М | |
| | | R | L | | R | | L | | | | | | | R L | | | R | | L | |
| | Abduction | | | | | | | | | Ab | duction | ı | | | | | | | | |
| | | | | | | | | | | | | | | | Abdı | uction | | | | |
| | | Flexion | | | | | | | | | | | | Flexion | | | | | | |
| Shoulder | - | Extension | tension | | | | | | HIP | | | | | | Exte | nsion | | | | |
| | | Int. Rotation | | | | | | | | | | | | | Int. | Rotation | | | | |
| | | | | | | | | , | | | | | | | Ext. | Rotation | | | | |
| Shoulder | | Flexion | Extension Int. Rotation Ext. | | | | | | НІР | | | | | | Exte | nsion Rotation | | | | |

| Flexion Elbow | | | | | | | Knee | Flexion | | | | |
|---------------------------------------|--|--|--|--|--|--|------------------|-------------|--|-----------|--|--|
| EIDOW | Extension | | | | | | Kilee | | | Extension | | |
| Forearm | Supination | | | | | | Wrist | Flexion | | | | |
| | Pronation | | | | | | | Extension | | | | |
| Fingers | Grip | | | | | | Trunk Balance | Flexion | | | | |
| | Extension | | | | | | | Extension | | | | |
| Ankle | Dorsiflexion | | | | | | Neck Movement | Flexion | | | | |
| | Plantar Flexion | | | | | | | Extension | | | | |
| | Eversion | | | | | | | Lat Flexion | | | | |
| | Inversion | | | | | | | Rotation | | | | |
| Foot/Toe | Foot/Toes | | | | | | | | | | | |
| Fine Moto | Fine Motors | | | | | | | | | | | |
| Hand Do | Hand Dominance | | | | | | | | | | | |
| Spasticity | Spasticity Score | | | | | | | | | | | |
| Spasticity | Spasticity Medications&Doses | | | | | | | | | | | |
| Orthotic/ | Orthotic/Equipment | | | | | | | | | | | |
| 1. | 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | 3. | | | | | | | | | | | |
| 4. | 4. | | | | | | | | | | | |
| Goals | | | | | | | | | | | | |
| Short Term Time Frame & Frequency/wk: | | | | | | | | | | | | |
| Long Ter | ong Term Time Frame & Frequency/wk: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Sign here, only if all of your questions have been answered to your satisfaction | | | | | | | | | | | |
| | PATIENT DOCTOR | | | | | | | | | | | |

| Patient Name | Doctor Name |
|------------------|--|
| Aswathi Vipin | Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) |
| Date | Date |
| 2024-02-12 10:15 | 2024-02-12 10:15 |

