

Physiotherapy And Occupational Therapy Form

Patient Name	:	Aswathi Vipin	Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya
			Date	:	2024-02-13


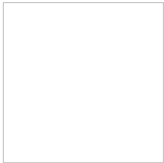
Referring Physician:	5									
Specialty:	ENT									
Date:	1/19/2024 12:00:00 AM									
Diagnosis:	NA									
Onset/Duration:	1/1/1900 5:30:00 AM									
Associated Problems:	5									
Current Functional Status:	5									
Mental Status:	<input checked="" type="radio"/> Oriented	<input type="radio"/> Disoriented	<input type="radio"/> Impaired Cognition	<input type="radio"/> Others						
Pain Assessment Site of Pain	5									
Score	<input type="radio"/> 1	<input checked="" 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	5									
Pain Management Plan:	5									

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	5	5	5	5	HIP	Abduction	5	5	5	5
	Abduction	5	5	5	5		Abduction	5	5	5	5
	Flexion	5	5	5	5		Flexion	5	5	5	5
	Extension	5	5	5	5		Extension	5	5	5	5
	Int. Rotation	5	5	5	5		Int. Rotation	5	5	5	
	Ext. Rotation	5	5	5	5		Ext. Rotation	5	5	5	5

Elbow	Flexion	5	5	5	5	Knee	Flexion	5	5	5	5
	Extension	5	5	5	5		Extension	5	5	5	5
Forearm	Supination	5	5	5	5	Wrist	Flexion	5	5	5	5
	Pronation	5	5	5	5		Extension	5	5	5	5
Fingers	Grip	5	5	5	5	Trunk Balance	Flexion	5	5	5	5
	Extension	5	5	5	5		Extension	5	5	5	5
Ankle	Dorsiflexion	5	5	5	5	Neck Movement	Flexion	5	5	5	5
	Plantar Flexion	5	5	5	5		Extension	5	5	5	5
	Eversion	5	5	5	5		Lat Flexion	5	5	5	5
	Inversion	5	5	5	5		Rotation	5	5	5	5

Foot/Toes	5		
Fine Motors	5		
Hand Dominance	5		
Spasticity Score	5		
Spasticity Medications&Doses	5		
Orthotic/Equipment			
1. 5			
2. 5			
3. 5			
4. 5			
Goals			
Short Term	5	Hand Dominance	5
Long Term	5	Hand Dominance	5

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR

	
<div>Patient Name Aswathi Vipin</div> <div>Date 2024-02-13 (15:15 - 15:30)</div>	<div>Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)</div> <div>Date 2024-02-13 (15:15 - 15:30)</div>

