

## Physiotherapy And Occupational Therapy Form

Patient Name	:	Zeref Dragneel	Emirates ID	:	784-5969-9872125-7
File No	:	18	DOB	:	1996-06-20
Nationality	:	Japanese			
Gender	:	Male	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
Shoulder	Abduction					HIP	Abduction				
	Abduction						Abduction				
	Flexion						Flexion				
	Extension						Extension				
	Int. Rotation						Int. Rotation				
	Ext. Rotation						Ext. Rotation				

Elbow	Flexion					Knee	Flexion				
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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 style="border: 1px solid black; width: 100px; height: 70px; margin: 0 auto;"></div>
Patient Name Zeref Dragneel  Date 2024-02-12 10:15	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)  Date 2024-02-12 10:15