


Physiotherapy And Occupational Therapy Form

Patient Name	:	silpa rani silpa			Emirates ID	:	784-3428-9977222-2	
File No	:	6	DOB	:	2023-11-13	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:	<input checked="" type="radio"/> Oriented	<input type="radio"/> Disoriented			<input type="radio"/> Impaired Cognition			<input type="radio"/> Others			
Pain Assessment Site of Pain											
Score	<input checked="" 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		R.O.M		PART	ACTION	STRENGTH		R.O.M	
		0-5/5						0-5/5			
		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				
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
	
Patient Name silpa rani silpa Date 2024-02-12 12:15	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 12:15