

Physiotherapy Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	111-1111-1111111-1
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-15			

NAME: Alston Rebello AGE : 27 CONTACT NO.: 971506245967

Referring Healthcare professional : Ahmad Irfan

CHIEF COMPLAIN: HISTORY : MEDICATIONS:
 s s s

Mental Status: ☒ Oriented ☐ Disoriented ☐ Impaired Cognition ☐ Others

Pain Assessment Score: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Pain Classification: ☒ Acute ☐ Sub Acute ☐ Chronic

Recurrent: s

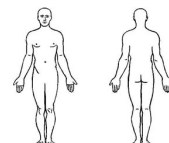
Duration of Injury : 12/15/2023 12:00:00 AM

Condition Status: ☒ Getting Worse ☐ Better ☐ Still the same

AFFECTED BODY PARTS: s

PHYSICAL ASSESSMENT

OBSERVATION INSPECTION: s
PALPATION : s
ROM : s
MUSCLE POWER TEST : s
SPECIAL TEST: s



NEUROLOGICAL ASSESSMENT

REFLEXES: s DERMATOME: s MYOTOME: s

ADL ACTIVITIES: ☐ Independent ☐ dependent ☐ Dependent Needs Crutche/Walker/heelchair

Physical Condition: ☒ Active ☐ Athlete Sedentary ☐ Lifestyle Bedridden

RADIOLOGY REPORT : s

DIAGNOSIS:NA
TREATMENT PLAN
PROCEDUREâ€™ s

DIFFERENTIAL DIAGNOSIS:NA
SHORT TERM GOAL:s
LONG TERM GOALS: s
FOLLOW UP PLAN & SESSIONS :s
RECOMMENDED REFERRAL -s

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div></div>
Patient Name Alston Rebello Date 2023-12-15 19:15	Doctor Name Ahmad - Hijama (GD007) Date 2023-12-15 19:15