

Physiotherapy And Occupational Therapy Form										
Patient Name	:	sandhya rani				Emirates ID :		: 784-1996-9294842-7		
File No	:	7	DOB		2023-10-09	Nationality	:	Other		
Gender	:	Female	Doctor's Name		Shilpa Sandhya	Date	:	2023-12-25		

Referring Physician:				у															
Specialty:				ENT															
Date:				1/20/2024 12:00:00 AM															
Diagnosis:				Idiopathic) normal pressure hydrocephalus															
Onset/Duration:				1/1/1900 1:00:00 AM															
Associated Problems:				у															
Current Functional Status:				у	у														
Mental Status: © Oriented				<del>'</del>		0	C Disoriented				C Impaired Cognition			Oothers					
Pain Assessment Site of Pain					у	у													
Score					C1 ©2		2		<b>C</b> 3	O3 O4		5	<b>C</b> 6	O6 O7		C8 C9		C	10
Pain Medication					у														
Pain Management Plan:					у														
						_													
																	l	l	
Foot/Toes																			
Fine Motors																			
Hand Dominance																			
Spasticity Score																			

Spasticity Medications&Doses								
Orthotic/Equipment								
y								
. у								
3. y								
4. y								
Goals								
Short Term	у	Time Frame & Frequency/wk:	у					
Long Term	у	Time Frame & Frequency/wk:	у					

Sign here, only if all of your questions have been answered to your satisfaction								
PATIENT	DOCTOR							
<u>C</u>								
Patient Name sandhya rani Date 2023-12-25 08:30	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2023-12-25 08:30							

