

Physiotherapy And Occupational Therapy Form												
Patient Name	:	Alston Re	bello			Emirates ID :		784-1991-2906159-3				
File No	:	17	DOB : 1996-06-20		1996-06-20	Nationality	:	Indian				
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya	Date	:	2024-02-12				

Referring Physician:																			
Specialty	:			E	ENT														
Date:		2	2/12/2024 12:00:00 AM																
Diagnosis	s:			r	NA .														
Onset/Du	ration:	1	1/1/1900 12	2:00:0	00 AM														
Associate	d Problem																		
Current F	unctional																		
Mental St	atus:		Orien	ted		0	C Disoriented				C Imp	aire	d Cogni	ition	Oth	C Others			
Pain Asse	ssment Si	te of Pain																	
Score				(	01	2	О3	0	4	<b>C</b> 5		Oe	5	<b>O</b> 7	<b>C</b> 8	<b>C</b> 9	C10		
Pain Med	ication		•			•		•							•				
Pain Man	agement F	Plan:																	
STRENGTH 0-5/5				R	.O.M	PART	ART	ACTION	S	TRENGTH 0-5/5	1	R.O.M							
		R	L	R	L					L	R L								
	Abduction							Abductio	n						_				
		Abduction								Abductio	n								
			Flexion									F	Flexion						
Shoulder				Extensi	on	HIP								Extension					
					Int. Rotation											Int. Rotation			
								Ext. Rotation									Ext. Rotation		
						Flexio	on										Flexion		

						Extension									Extension			
Elbow						Supination							Knee	Flexion				
						Pronation									Extension			
	F					Grip					Wrist		Trunk Balance		Flexion			
		Forearm				Extension									Extension			
Ankle						Dorsiflexion								Neck Movement	Flexion			
	Plantar Flexion			Fingers								Extension						
	Eversion									Lat	ו							
			<u> </u>							Flexion								
	Inversion								Rotation									
Foot/Toe																		
Fine Moto	ors																	
Hand Do	minance																	
Spasticity	y Score																	
Spasticity	y Medicatio	ns&Doses																
Orthotic/	Equipment																	
1.																		
2.																		
3.																		
4.																		
Goals																		
Short Tei	rm						Time	Fr	ame & Fre	quency	/wk:							
Long Ter	m		Time	Fr	ame & Fre	quency	/wk:											
			Sig	n here, or	nly if all of	your questic	ons have I	oee	en answer	ed to y	our satis	sfaction						
PATIENT									DOCTOR									
			Patient Alston R	tebello					Shilpa S	andhya	- Occup		erapy (F	DY56YGDFG	<b>6</b> )			
Date 2024-02-12 18:45											2024	Date -02-12 18:	:45					

