

## Physiotherapy And Occupational Therapy Form

Patient Name	:	adnic adnic	Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya
Date	:	2024-02-13			

Referring Physician:										
Specialty:		ENT								
Date:		2/13/2024 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				
	Abduction						Abduction				
Flexion					Flexion						
Extension					Extension						
Int. Rotation					Int. Rotation						
Ext. Rotation					Ext. Rotation						
Elbow	Flexion					Knee	Flexion				
	Extension						Extension				
Forearm	Supination					Wrist	Flexion				
	Pronation						Extension				
Fingers	Grip					Trunk Balance	Flexion				
	Extension						Extension				
Ankle	Dorsiflexion					Neck Movement	Flexion				
	Plantar Flexion						Extension				
	Eversion						Lat Flexion				
	Inversion						Rotation				

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></div>
Patient Name adnic adnic  Date 2024-02-13 11:45	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)  Date 2024-02-13 11:45

