

Physiotherapy And Occupational Therapy Form									
Patient Name	:	Gurjant S	Singh			Emirates ID	•••	784-8518-6451321-6	
File No	.:	21	DOB	:	1988-02-01	Nationality		Indian	
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya	Date		2024-03-01	

Referring Physician:													
Specialty:	ENT												
Date:	3/4/2024 12:00:00 AM												
Diagnosis:	NA												
Onset/Duration:	1/1/1900 12:00:00 AM												
Associated Problems:													
Current Functional Status:													
Mental Status:	© Disoriented © Impaired Cog					nition Others							
Pain Assessment Site of Pain													
Score	C 1	C 2		O 3	C4	0	5	C 6	O 7	C 8	C 9	C10	
Pain Medication													
Pain Management Plan:													

PART	ACTION	STREI 0-5		R.O.M		PART	ACTION	STRENGTH 0-5/5		R.O.M	
		R	L	R	L			R	L	R	L
	Abduction					НІР	Abduction				
	Abduction						Abduction				
	Flexion						Flexion				
Shoulder	Extension						Extension				
	Int. Rotation						Int. Rotation				
	Ext. Rotation						Ext. Rotation				

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	Sign here, only if all of your questions have been answered to your satisfaction										
Long ler	Long Term DDDD Time Frame & Frequency/wk:										
						Time Frame & Frequency/wk:					
Short Tei	Goals The France & F										
	4.										
	3.										
2.											
1.											
	Equipment										
Spasticity	y Medications	&Doses									
Spasticity	y Score										
Hand Do	minance										
Fine Moto	ors										
Foot/Toe	Foot/Toes										
	Inversion						Rotation				
	Eversion					- Movement	Lat Flexion				
Ankle	Plantar Flexion					Neck Movement	Extension				
	Dorsiflexion						Flexion				
Fingers	Extension					Trunk Balance	Extension				
	Grip						Extension Flexion				
Forearm	Supination Pronation					Wrist	Flexion				
	Extension						Extension				
Elbow	Flexion					Knee	Flexion				
	Floritor						Floring				

Patient Name	Doctor Name
Gurjant Singh	Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)
Date	Date
2024-03-01 (09:30 - 09:45)	2024-03-01 (09:30 - 09:45)

