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
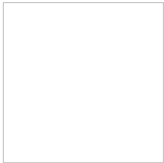
Referring Physician:	ss
Specialty:	ENT
Date:	2/5/2024 12:00:00 AM
Diagnosis:	NA
Onset/Duration:	1/1/1900 12:00:00 AM
Associated Problems:	s
Current Functional Status:	s

Mental Status:	◉ Oriented	○ Disoriented	○ Impaired Cognition	○ Others

Pain Assessment Site of Pain	s

Score	○1	◉2	○3	○4	○5	○6	○7	○8	○9	○10

Pain Medication	s
Pain Management Plan:	s

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	s	s	s	s	HIP	Abduction	s	s	s	s
	Abduction	s	s	s	s		Abduction	s	s	s	s
	Flexion	s	s	s	s		Flexion	s	s	s	s
	Extension	s	s	s	s		Extension	s	s	s	s
	Int. Rotation	s	s	s	s		Int. Rotation	s	s	s	s
	Ext. Rotation	s	s	s	s		Ext. Rotation	s	s	s	s

Elbow	Flexion	s	s	s	s	Knee	Flexion	s	s	s	s
	Extension	s	s	s	s		Extension	s	s	s	s
Forearm	Supination	s	s	s	s	Wrist	Flexion	s	s	s	s
	Pronation	s	s	s	s		Extension	s	s	s	s
Fingers	Grip	s	s	s	s	Trunk Balance	Flexion	s	s	s	s
	Extension	s	s	s	s		Extension	s	s	s	s
Ankle	Dorsiflexion	s	s	s	s	Neck Movement	Flexion	s	s	s	s
	Plantar Flexion	s	s	s	s		Extension	s	s	s	s
	Eversion	s	s	s	s		Lat Flexion	s	s	s	s
	Inversion	s	s	s	s		Rotation	s	s	s	s

Foot/Toes	s
Fine Motors	s
Hand Dominance	s
Spasticity Score	s
Spasticity Medications&Doses	s

Orthotic/Equipment

1. s

2. s

3. s

4. s

Goals

Short Term	s	Time Frame & Frequency/wk:	s
Long Term	s	Time Frame & Frequency/wk:	s

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR

Patient Name adnic adnic **Date** 2024-02-13 (08:30 - 08:45)	**Doctor Name** Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) **Date** 2024-02-13 (08:30 - 08:45)