

Physiotherapy And Occupational Therapy Form

Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Gender	:	Male	Doctor's Name	:	Shilpa Sandhya
			Date	:	2024-02-12

Referring Physician:					
Specialty:	ENT				
Date:	2/12/2024 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 tousif toplife Date 2024-02-12 11:15	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-12 11:15

