

Physiotherapy And Occupational Therapy Form

Patient Name	:	Aswathi Vipin		Emirates ID	:	784-2543-5254612-1				
File No	:	1	DOB	:	1991-11-21		Nationality	:	Indian	
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya		Date	:	2024-02-12	


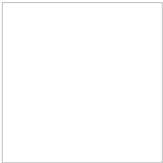
Referring Physician:	g									
Specialty:	ENT									
Date:	1/13/2024 12:00:00 AM									
Diagnosis:	NA									
Onset/Duration:	1/1/1900 1:00:00 AM									
Associated Problems:	g									
Current Functional Status:	g									
Mental Status:	<input checked="" type="radio"/> Oriented		<input type="radio"/> Disoriented			<input type="radio"/> Impaired Cognition			<input type="radio"/> Others	
Pain Assessment Site of Pain	g									
Score	<input type="radio"/> 1	<input checked="" 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	g									
Pain Management Plan:	g									

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	g	d	d	d	HIP	Abduction	d	p	p	
	Abduction	g	d	d	d		Abduction	d	p	p	p
	Flexion	g	d	d	d		Flexion	d	p	p	p
	Extension	g	d	d	d		Extension	d	d	p	p
	Int. Rotation	g	d	d	d		Int. Rotation	d	d	p	p
	Ext. Rotation	g	d	d	d		Ext. Rotation	d	d	p	p

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

Foot/Toes		p			
Fine Motors		p			
Hand Dominance		p			
Spasticity Score		p			
Spasticity Medications&Doses		p			
Orthotic/Equipment					
1. p					
2. p					
3. p					
4. p					
Goals					
Short Term		p		Time Frame & Frequency/wk: p	
Long Term		p		Time Frame & Frequency/wk: p	

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

	
<div>Patient Name Aswathi Vipin</div> <div>Date 2024-02-12 22:30</div>	<div>Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)</div> <div>Date 2024-02-12 22:30</div>

