

Physiotherapy And Occupational Therapy Form

Patient Name	:	adnic adnic	Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04
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						

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 14:00	Doctor Name Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) Date 2024-02-13 14:00

