

## Physiotherapy Assessment Form

Patient Name	:	sandhya rani	Emirates ID	:	784-1996-9294842-7
File No	:	7	DOB	:	2023-10-09
Gender	:	Female	Doctor's Name	:	Shilpa Sandhya
			Date	:	2023-12-22

NAME:sandhya rani

AGE :0

CONTACT NO.:971587654201

Referring Healthcare professional : Shilpa Sandhya

CHIEF COMPLAIN:  
NA

HISTORY :  
NA

MEDICATIONS:  
NA

Mental Status:      ☒Oriented                      ☒Disoriented                      ☒Impaired Cognition                      ☒Others

Pain Assessment Score:                      ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☒ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

Pain Classification:                      ☒Acute                                      ☒Sub Acute                                      ☒Chronic

Recurrent: s

Duration of Injury : 12/21/2023 12:00:00 AM

Condition Status:                      ☒Getting Worse                                      ☐Better                                      ☐Still the same

AFFECTED BODY PARTS:s

### PHYSICAL ASSESSMENT

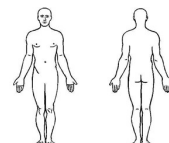
OBSERVATION INSPECTION:s

PALPATION :s

ROM : s

MUSCLE POWER TEST :s

SPECIAL TEST:s



### NEUROLOGICAL ASSESSMENT

REFLEXES:s

DERMATOME:s

MYOTOMES

ADL ACTIVITIES:                      ☒Independent                                      ☒dependent                                      ☒Dependent                      Needs Crutche/Walker/heelchair



Physical Condition:                      ☒Active                                      ☒Athlete Sedentary                                      ☒Lifestyle Bedridden

RADIOLOGY REPORT :s

DIAGNOSIS:NA  
TREATMENT PLAN  
PROCEDUREâ€™ s

DIFFERENTIAL DIAGNOSIS:NA  
SHORT TERM GOAL:s  
LONG TERM GOALS: s  
FOLLOW UP PLAN & SESSIONS :s  
RECOMMENDED REFERRAL -s

Evaluated by :Shilpa Sandhya

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sandhya rani  Date 2023-12-22 08:30	Doctor Name Shilpa - Dermatology (FDY56YGDFG)  Date 2023-12-22 08:30