

## Physiotherapy Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-15			

NAME: Alston Rebello

AGE : 27

CONTACT NO.: 971506245967

Referring Healthcare professional : Ahmad Irfan

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 : 1/17/2024 12:00:00 AM

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

AFFECTED BODY PARTS: s

### PHYSICAL ASSESSMENT

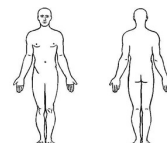
OBSERVATION INSPECTION: s

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 :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello  Date 2023-12-15 19:15	Doctor Name Ahmad Irfan - Hijama (GD007)  Date 2023-12-15 19:15

