

## Physiotherapy Assessment Form

Patient Name	:	sai krishna			Emirates ID	:	784-8666-6666666-7	
File No	:	8	DOB	:	1996-09-25	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	Ahmad Irfan	Date	:	2023-12-12

NAME:sai krishna

AGE :27

CONTACT NO.:971508764532

Referring Healthcare professional : Ahmad Irfan

CHIEF COMPLAIN:  
s

HISTORY :  
s

MEDICATIONS:  
ss

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

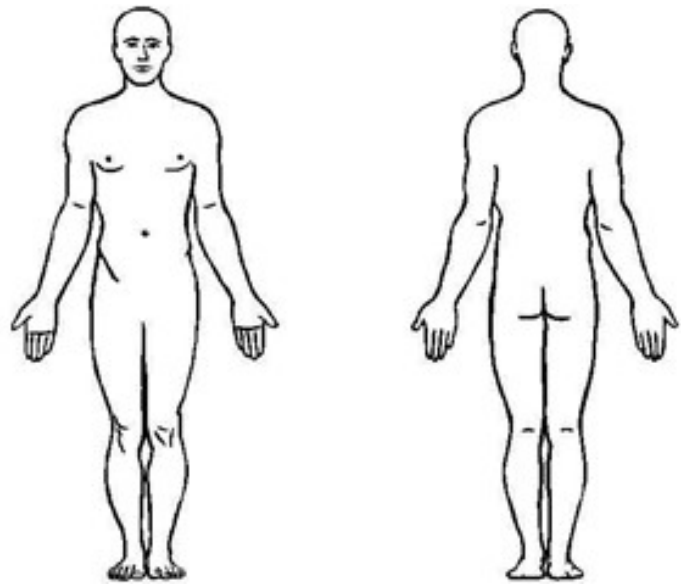
Recurrent: s

Duration of Injury : 12/15/2023 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


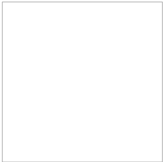
SHORT TERM GOAL:s

LONG TERM GOALS: s

FOLLOW UP PLAN & SESSIONS :s

RECOMMENDED REFERRAL -s

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna  Date 2023-12-12 09:00	Doctor Name Ahmad - Hijama (GD007)  Date 2023-12-12 09:00