

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	:	2024-04-16	

NAME:Alston Rebello

AGE :27

CONTACT NO.:971506245967

Referring Healthcare professional : Ahmad Irfan

CHIEF COMPLAIN:
NA

HISTORY :
NA

MEDICATIONS:
010 - 1/2 UPPER - THIGHS,59426 -
Antepartum care only; 7 or more
visits,82106 - Alpha-fetoprotein
(AFP); amniotic fluid,86698 -
Antibody; histoplasma,29358 -
Application of long leg cast
brace,80500 - Clinical pathology
consultation; limited, withou

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:

Duration of Injury : 4/19/2024 12:00:00 AM

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

AFFECTED BODY PARTS:

PHYSICAL ASSESSMENT

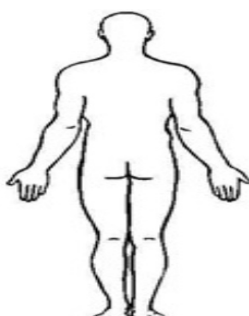
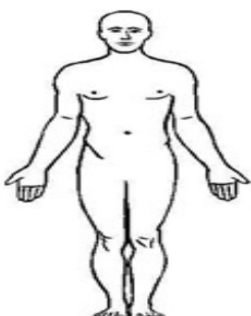
OBSERVATION INSPECTION:

PALPATION :

ROM :

MUSCLE POWER TEST :

SPECIAL TEST:



NEUROLOGICAL ASSESSMENT

REFLEXES:

DERMATOME:

MYOTOME

ADL ACTIVITIES:

☐Independent

☐dependent

☐Dependent

Needs
Crutche/Walker/heelchair

Physical Condition:

☐Active

☐Athlete Sedentary

☐Lifestyle Bedridden

RADIOLOGY REPORT :

DIFFERENTIAL DIAGNOSIS:NA

SHORT TERM GOAL:


LONG TERM GOALS:

FOLLOW UP PLAN & SESSIONS :erwer

RECOMMENDED REFERRAL -

DIAGNOSIS:NA
TREATMENT PLAN
PROCEDUREâ€”

Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-04-16 (09:15 - 09:30)</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-04-16 (09:15 - 09:30)</div>