

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: HISTORY : MEDICATIONS:

NA NA 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: ss

Duration of Injury : 1/18/2024 12:00:00 AM

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

AFFECTED BODY PARTS: s

PHYSICAL ASSESSMENT

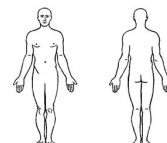
OBSERVATION INSPECTION: s

PALPATION : s

ROM : s

MUSCLE POWER TEST : ss

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

PROCEDUREs

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

