

Baitna Home Healthcare Services

 Patient Name
 Mobile

 kiran
 25136123781

Appointment Information

Appointment 7

16-11-2023/11:29 AM-01:

Clinicians

Service

Address

Lama Abuzinada

Dietation Package(1 month)

5 11A St - Oud Metha - Dubai - United

Arab Emirates

Vitals

Height:

Weight:

BMI: 0

Temperature:

Respiratory rate:

Pulse Rate:

BP:/

Blood Sugar:

SP02:

Chief Complaint

Pain Assessment

Pain Management options: UnExpected

Pain Score:

Medication

No Data

Physiotherapy

No Data

Consultation

No Data

Endorsement

Endorsement Status: Yes

General Health

Medical history of the Patient

Medical history of the patient(any chronic diseases):

Nutritional Status: No

Psychological Status:

Family Medical History

No Data

Social History

Members of the family

Care giver:

Economic status

History of contact

Traveling history

Life habits

Social Worker Assessment

Social History

Diagnosis:

Family Medical History No Data								
Social History Members of the family								
Care giver:								
Economic status								
History of contact								
Traveling history								
Life habits								
Social Worker Assessment								
Social History								
Diagnosis:								
X31.8					Expo	sure to exc	cessive natural col	d, other speci
X31.71				E	xposure to excessiv	ve natural o	cold, farm, while er	ngaged in leis
Clinical Notes:								
Care Plan: Type of Intervention Investigations Medication Dietician Protocol to follow		Physiother	rapy					
Treatment plan duration								
		Need for	consultation of	r referral				
Need for follow up		Need for o	consultation or	r referral				
Need for follow up Medication:	ype	Need for o	consultation of	r referral Frequency	Route of adminis	tration	Remarks	
Need for follow up Medication:	ype				Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty	ype				Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty Progress Note:	ype				Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order:	ype				Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education:					Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education: Clinical Photograph: Discharge Status:					Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education: Clinical Photograph: Discharge Status: Patient completed the HHC plane				Frequency	Route of adminis	tration	Remarks	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education: Clinical Photograph: Discharge Status: Patient completed the HHC plane of visit 2023-11-18T18:46:56.263Z Patient Demographic:	Time of visit	Dosage		Consent for Location		tration	File number	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education: Clinical Photograph: Discharge Status: Patient completed the HHC plate of visit 2023-11-18T18:46:56.263Z Patient Demographic: Gender	an Time of visit	Dosage		Frequency Consent for		tration		
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education: Clinical Photograph: Discharge Status: Patient completed the HHC plane of visit 2023-11-18T18:46:56.263Z Patient Demographic:	Time of visit	Dosage		Consent for Location		tration	File number	
Need for follow up Medication: Medication Name Ty Progress Note: Clinician Order: Education: Clinical Photograph: Discharge Status: Patient completed the HHC plate of visit 2023-11-18T18:46:56.263Z Patient Demographic: Gender Companion Data: Name Surgery	Time of visit	Dosage	Quantity	Consent for Location	services signed:	day for 5da	File number	

Psychological Status:

Clinical Photograph:			
Discharge Status: Patient completed the HHC plan			
Assessment Checklist:			
Name: kiran		Consent for services signed:	
Date of visit 2023-11-18T18:46:56.263Z	Time of visit 00:16	Location	File number
Patient Demographic:			
Gender Companion Data:	Age	Weight	ID
Name Surgery	Relation	ID	
Protocal:			
Number of visits:	1 (day for Edays	1/4	dava
1/day for 5days Medication on going	1/day for 5days	1/day for 5 Patient Vital count Complete	days
Blood pressure		Pulse Value	_
Pre: Sys: Dia:	Post: Sys: Dia:	Pre:	Post:
Respiratory rate Pre:	Post:	Temperature Pre:	Post:
Blood Glucose		Oxygen saturation (SPO2)	
Pre:	Post:	Pre:	Post:
Allergy:	Urination(Normal):	Bowel Mvt(Normal):	
Pain Score:			
Other Note:			
Drainage wound care (every other day): Other Note:			
Compressive socks:			
Ice machine applied every 2H:		Medication count correct:	
Posture position optimal:			
DDocumentation complete:		Scopolamine patch behind their ear:	
Site Clinical examination:			
Surgical site Skin color:			
Psychological behavioral:			
Emotions:			
Regular Sleep Pattern:		Speech:	
Oriented:			
Consciousness:			
Bed fall Risk:	Functional risk assessmen	t:	
Laboratory test needed:			
Urgent notification:		Note:	
Additional Observation:			
Assessment done by:		Assessment Time:	
Signature:			

Date:

Emotions:		
Regular Sleep Pattern:	Speech:	
Oriented:		
Consciousness:		
Bed fall Risk:	Functional risk assessment:	
Laboratory test needed:		
	Note:	
Urgent notification:	Note.	
Additional Observation:		
Assessment done by:	Assessment Time:	
Signature:		
Date:		
19/11/2023		
	OUT-PATIENT PHYSICAL THERAPY EVALUATION	
DIAGNOSIS:		
SUBJECTIVE FINDINGS		
Chief Complaint:	Past Medical History:	
OBJECTIVE FINDINGS		
Height(cm):	Weight(kg's):	
Observation:	Palpation:	

Range of Motion (ROM)

Active	Passive	Joints	Normal	Active	Passive	
		Cervical flexion	0-45			
		Cervical ext	0-45			
		Cervical lat flexion	0-45			
		Cervical rotation	0-60			
		Shoulder flexion	0-180			
		Shoulder Ext	0-50			
		Shoulder Abduction	0-180			
		Shoulder Add	0-45			
		Shoulder IR	0-90			
		Shoulder ER	0-90			
		Elbow flexion	0-145			
		Elbow Extension	0-0			
		FA pronation	0-85			
		FA supination	0-85			

			Shoulder Ext	0-50		
			Shoulder Abduction	0-180		
			Shoulder Add	0-45		
			Shoulder IR	0-90		
			Shoulder ER	0-90		
			Elbow flexion	0-145		
			Elbow Extension	0-0		
			FA pronation	0-85		
			FA supination	0-85		
			Wrist flexion	0-70		
			Wrist extension	0-70		
			Wrist ulnar deviation	0-45		
			Wrist radial deviation	0-20		
			Hip flexion	0-120		
			Hip extension	0-25		
			Hip abduction	0-45		
			Hip adduction	0-30		
			Knee flexion	0-135		
			Knee extension	0-0		
			Ankle DF	0-20		
			Ankle PF	0-50		
			Ankle IR	0-35		
			Ankle ER	0-20		
Manual muscle test (Muscle		e up to 5	Mu	scle	Grade up to 5	
Others (Gait, Functional As	ssessment, Special tes	sts, etc.)				
Radiological Findings						

PAIN ASSESSMENT

Pain:

Pain scale:

Duration: Location: Frequency:

Type of pain:

Burning Dull ☐ Crushing Stabbing ☐ Throbbing

			Ankle IR	0-35				
			Ankle ER	0-20				
Manual muscle tes	Grad	le up to 5	Mu	scle		Grade up to 5		
Others (Gait, Functiona	l Assessment, Special te	ests, etc.)						
Radiological Findings								
PAIN ASSESSMEN	Т							
Pain:								
Pain scale:								
Duration:		Location:			Frequency	Frequency:		
Гуре of pain:								
Burning	Crushing	☐ Dull	☐ Sta	abbing	Throbbi	ng		
Others:	Pain S	core:						
FALL ASSESSMEN	Т							
Fall Score:								
All patient having risk fo	or fall will be given educa	tion on prevention of f	fall at home and edu	cational m	naterials (brochure)			
PROBLEM LIST:	PT IMPRESSION:							
GOALS (to be achieved	within	/52	session/week)					
PLAN OF TREATMENT:	:							
EDUCATION								
The patient and/or family were informed &educated about diagnosis , nature of illness and treatment program:								
The patient and/or family were informed & educated about Fall prevention:								

Physiotherapy Discharge Summary

DIAGNOSIS:

INITIAL ASSESMENT SUMMARY:

FINAL ASSESSMENT SUMMARY:

GOALS ACHIEVED:

RECOMMENDATION:

2023-11-18T18:46:56.263Z

Physiotherapist:

Date: Time:

Signature