



# Baitna Home Healthcare Services

**Patient Name**  
kiran

**Mobile**  
25136123781

## Appointment Information

**Clinicians**  
Lama Abuzinada

**Service**  
Dietation Package( 1 month)

**Address**  
5 11A St - Oud Metha - Dubai - United Arab Emirates

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

## Vitals

**Height:** **Weight:** **BMI:** 0 **Temperature:** **Respiratory rate:**

**Pulse Rate:** **BP:** / **Blood Sugar:** **SPO2:**

## 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:**



Clinical Photograph:

Discharge Status:

Patient completed the HHC plan

Assessment Checklist:

Name: kiran

Consent for services signed:

Date of visit	Time of visit	Location	File number
2023-11-18T18:46:56.263Z	00:16		

Patient Demographic:

Gender	Age	Weight	ID
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Companion Data:

Name	Relation	ID
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Surgery

Protocol:

Number of visits:

1/day for 5days	1/day for 5days	1/day for 5days
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Medication on going

Patient Vital count Complete

Blood pressure

Pulse Value

Pre: Sys: Dia:

Post: Sys: Dia:

Pre:

Post:

Respiratory rate

Temperature

Pre:

Post:

Pre:

Post:

Blood Glucose

Oxygen saturation (SP02)

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 assessment:

Laboratory test needed:

Urgent notification:

Note:

Additional Observation:

Assessment done by:

Assessment Time:

Signature:

Date:

0000000000

Emotions:

Regular Sleep Pattern:

Speech:

Oriented:

Consciousness:

Bed fall Risk:

Functional risk assessment:

Laboratory test needed:

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)

Left

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 (MMT)

Muscle	Grade up to 5	Muscle	Grade up to 5
Others (Gait, Functional Assessment, Special tests, etc.)			

Radiological Findings

PAIN ASSESSMENT

Pain:

Pain scale:

Duration:	Location:	Frequency:
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Type of pain:

☐ Burning

☐ Crushing

☐ Dull

☐ Stabbing

☐ Throbbing

			Ankle IR	0-35			
			Ankle ER	0-20			

Manual muscle test (MMT)

Muscle	Grade up to 5	Muscle	Grade up to 5
Others (Gait, Functional Assessment, Special tests, etc.)			

Radiological Findings

PAIN ASSESSMENT

Pain:

Pain scale:

Duration:	Location:	Frequency:
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Type of pain:

- ☐ Burning
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- ☐ Dull
- ☐ Stabbing
- ☐ Throbbing

Others: Pain Score:

FALL ASSESSMENT

Fall Score:

All patient having risk for fall will be given education on prevention of fall at home and educational materials (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:

Physiotherapist:  
Date: 2023-11-18T18:46:56.263Z Time: Signature