

<b>Name</b>	VISHNU		M
<b>UHID</b>	<b>Date of Birth</b>	<b>Nationality</b>	
4	17-March-1994	India	
<b>Card Number</b>	<b>Network</b>		
	Self Pay		

Visit Date & Time 14-Apr-2023 12:00 am

### VITALS

<b>BPD/BPS:</b>	120/80	<b>Pulse:</b>		<b>Resp.:</b>		<b>Height:</b>	0.00
<b>Weight:</b>	0.00	<b>Temp(c)</b>	.	<b>SPO2:</b>		<b>GRBS:</b>	
<b>Remarks:</b>							

### Complaints

nbnbn
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### Symptoms

bbnb

### Patient Notes

ssda

### Examination

**Site of Pain :** Neck, Left Arm, Right Ankle, Right Leg, bbnbnb

#### Clinical test

Test Name	Joint Site	Test Side	Test Result
zXzzxzX	zXz	Left	Negative

#### Joint Range Of Motion

Joint	Active	Passive
zzX	Left	Left

#### Manual Muscle Testing

Joint	Side
zxzX	Left

#### Spasticity Grading-Modified Ashworth Scale

Muscles	Side
ZxZ	Left

## Motor System Assessment

<b>Muscle Tone :</b>	Normal	<b>Sitting Balance :</b>	Present
<b>Abnormal Movements :</b>	Present	<b>Standing Balance :</b>	Present
<b>Posture :</b>	Scoliosis		

### Voluntary Movements (Coordination Tests)

<b>Rapid Alternative Movement</b>	<b>Point to Point Movements</b>
Can Perform	Can Perform
<b>Heel to Shin Test</b>	<b>Finger to Nose Test</b>
Can Perform	Can Perform

<b>Ternor :</b>	Present	<b>Clonus :</b>	Present
<b>Corea :</b>	Present	<b>Associated Reactions :</b>	Present

### Deep Tendon Reflexes

Reflexes	Site	Side	Result
ZXzzxz	xzX	Left	Present

## Sensory System Assessment

Sensory System	Site	Side	Result
zxzX	xz	Left	Present

### Diagnosis

Priority	Diagnosis	ICD Code
Principal	Addisonian crisis	E27.2

### Treatments

Service Code	Service Name	Description
LHR111	LHR - Half Face (F)	

### Medicines

Medicine	Instruction
AIRTAL 100MG/(ACECLOFENAC : 100 MG) FILM COATED TABLETS	1 Solution EVERY ONE HOUR (24 TIMES PER DAY), for 1 Days

**Mental Status**

Unconscious, Orientation Oriented, Language Fluency, Higher Intellectual Function GK,  
Mood & Affect Anxious

**Goals**

**Short Term Goal :** Restore full to normal range of motion around a joint, Reduce pain and inflammation

**Long Term Goal :** To prevent deformity, To maintain ambulation as long as possible

**Physician's Name**

METY

**Patient Signature**

**DHA License**

**Date**

14-April-2023

**Date**

14-April-2023