

First Month Record

Name of hospital :- _____

Address of hospital :- _____

Name of Physiotherapy Dept. Incharge :- _____

Contact number :- _____

Email id :- _____

Internship month :- _____

Attendance

Date	In-time	Out time	Dept. In-charge signature	Date	In-time	Out time	Dept. In-charge signature
01				17			
02				18			
03				19			
04				20			
05				21			
06				22			
07				23			
08				24			
09				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							

Day 1:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 2:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 3:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to condition/treatment/assessment technique/outcome measures which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 4:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 5:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 6:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to cases/treatment/assessment technique which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 7:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 8:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 9:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to condition/treatment/assessment technique/outcome measures which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 10:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 11:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 12:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to cases/treatment/assessment technique which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 13:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 14:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 15:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to condition/treatment/assessment technique/outcome measures which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 16:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 17:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 18:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to cases/treatment/assessment technique which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 19:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 20:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 21:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to condition/treatment/assessment technique/outcome measures which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 22:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 23:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 24:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to cases/treatment/assessment technique which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 25:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 26:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 27:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to condition/treatment/assessment technique/outcome measures which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

Day 28:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 29:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 30:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Day 31:-

Sr. No	Patient name	Major signs and symptoms	Diagnosis	Current treatment
01				
02				
03				

Evidence based practices (Any research paper related to cases/treatment/assessment technique which you have seen in last three days)

Research paper title	
Published journal name	
Publication year	
Objective of study	
Conclusion of study	
Practical application of study	

ASSESSMENT SHEET

Date of Assessment : _____ **Assessed by:** _____

Name : _____

Age/Gender : _____

Address : _____

Contact No. : _____

Referred by : _____

Occupation : _____

Chief Complaints : _____

Provisional diagnosis : _____

Patient's expectations : _____

HISTORY: (Present illness, medical, surgical, drug, personal, family, social, environmental)

PAIN ASSESSMENT:

1. Onset
2. Site
3. Type
4. Intensity (VAS)
5. Aggravating factor

6. Relieving factor

INVESTIGATION:**ON OBSERVATION:**

- Posture
- Gait

- Assistive device

- Others (Skin, Swelling, Soft tissue)

ON EXAMINATION:

- Spasm

- Tenderness

Range of Motion

Resisted isometric

MMT

- End feel

- MLT

- Balance assessment

- Reflexes
 - Superficial

 - Deep

- Myotomes

- Sensation

- Nerve testing

- Functional assessment

- Others (Sensory Examination/Fine Motor Examination/Cranial Nerve Examination/Respiratory System Examination)

ACTIVITY LIMITATION

PARTICIPATION RESTRICTION

CONTEXTUAL FACTORS

	Personal	Environmental
Positive		
Negative		

DIAGNOSIS

IMPAIRMENTS/PROBLEM LIST

MANAGEMENT

Shortterm goal

Longterm goal

Treatment

MONTHLY EVALUATION

Sr. No	Parameters	Overall scoring on scale of 0 to 10 (Where 10 is maximum)
01	Punctuality	
02	Knowledge	
03	Appearance	
04	Behavior	
05	Evidence based practice	
06	Case presentation	
Total		

Clinical Supervisor's signature: _____