

**KEMENTERIAN KESIHATAN MALAYSIA  
PHYSIOTHERAPY DEPARTMENT  
FACIAL ASSESSMENT FORM**

Name: ----- Age: ----- Sex: M / F RN / IC: ----- Date: -----

<b>DIAGNOSIS</b>		<b>CURRENT HISTORY</b>	
<b>DOCTOR'S MANAGEMENT</b>			
<b>PROBLEM</b>			
<b>PAIN SCORE</b>	Pre		<b>PAST HISTORY</b>
	Post		
Area :		<b>OBSERVATION</b>	
Nature:			
Agg:			
Ease:			
24 hrs:			
Irritability: High / Medium / Low			
<b>SPECIAL QUESTION</b>		<b>PALPATION</b>	
General Health:		<b>SENSATION TEST</b>	
PMHX / Surgery:			
Investigations :			
Medication:			
Occupation / Recreation:			
Social History :			
Hearing Aid / Pacemaker: Y / N			



**KEMENTERIAN KESIHATAN MALAYSIA  
GUIDELINES FOR USE OF FACIAL ASSESSMENT FORM**

**DIAGNOSIS**

- As in referral

**DOCTOR'S MANAGEMENT**

- Brief - conservative or operative

**PROBLEM**

- What is the presenting complaint?
- Pain, nature (pricking, numbness), swelling, dribbling / drooling of saliva, etc.

**PAIN SCORE**

- Level of pain as indicated by patient  
(Based on MOH Pain Scale)

**Area**

- Define the area and name them

**Nature**

- What are the characteristics of pain?
- Dull, Sharp, Tingling, Pin pricking, Numbness  
(Use patient's own words)

**Agg (AGGRAVATE)**

- Activities which bring on pain / problems
- E.g. Chewing, swallowing, drinking, etc.

**Ease**

- What reduces the problems
- Does moist heat / icing or medication help?

**24 Hours**

- AM, PM, NIGHT: Better or worse?

**Irritability**

- Depends on: The type and amount of activity required to increase or bring on symptoms.
- Severity of symptoms produced.
- Amount of time before symptoms return to usual/normal level.

**SPECIAL QUESTIONS**

**General health:**

- are there any other medical problems
- HPT, DM, CANCER, EAR PROBLEMS, etc.

**PMHX / Surgery**

- Brain / Ear surgery, etc.

**Investigations: Ix / MRI / X-Ray**

- If relevant to presenting problems e.g. ENT

**Medication / Steroid**

- ? Any vitamins - Neurobion etc.

**Occupation / Recreation**

- Nature of job and related stresses of job

**SKALA KESAKITAN KANAK-KANAK (3-7 TAHUN)**



**SKALA KESAKITAN DEWASA (>7 TAHUN)**



**SKALA FLACC (>1 BULAN -3 TAHUN / IMPAIRMENT)**

KATEGORI	PEMARKAHAN		
	0	1	2
WAJAH	TIDAK EKSPRESI TERTENTU DI WAJAH ATAU DALAM KEADAAN TERSENYUM	KADANG TERLIHAT MUKA BERKERUT MURUNG, TIDAK BERMAYA ATAU TIDAK BERSEMANGAT	RAHANG TERKANCING, DAGU BERGETAR (PADA KADAR KERAP HINGGA BERTERUSAN)
KAKI	KEDUDUKAN BIASA ATAU SELESA	KEADAAN TIDAK SELESA, RESAH ATAU TEGANG	MENENDANG-NENDANG ATAU MEMBENGKOKKAN KAKI
AKTIVITI	BERBARING TENANG, BERKEDUDUKAN BIASA, BERGERAK DENGAN SELESA	BERGULING, BERANJAK DEPAN DAN BELAKANG, TEGANG	MERINGKUK, KAKU ATAU MENGGELUPUR
TANGIS	TIDAK MENANGIS (KEADAAN TIDUR ATAU TERJAGA)	MERENGEK DAN KADANG MENGELUH	MENANGIS BERTERUSAN, BERTERIAK DAN TERESAKESAK, SERING MENGELUH
KEBOLAH PUJUKAN	TENANG	MASIH DAPAT DIPUJUK DENGAN SESEKALI SENTUHAN, PELUKAN ATAU KATA-KATA SEHINGGA MUDAH TERGANGGU	SUKAR DIPUJUK

SETIAP KATEGORI DIBERI MARKAH 0-2 DENGAN JUMLAH KESELURUHAN 0-10

Hearing Aid / Pacemaker

- If relevant

## CURRENT HISTORY

- How did the injury occur?
- When did it occur?
- Was something felt or heard?

## PAST HISTORY (with relating to current problem) AND TREATMENT

- Relevant past history with regards to presenting problems
- Has it occurred before?
- On set, Progression, Any physiotherapy treatment done before and any effect

## OBSERVATION

- Facial expression- facial asymmetry, any swelling, etc.

## PALPATION

- Warmth, Swelling, Muscle spasm, Tenderness and pain

## SENSATION TEST

- Hot, Cold and Pin Prick sensation test

## MOVEMENT (MUSCLES)

- Note quality and ability to do movement

## TONGUE

- To indicate the directions
- To look out for shortening / tightness of tongue muscles

## PHYSIOTHERAPIST'S IMPRESSION

- Problem in order of priority

## SHORT TERM GOALS

- Goals set according to priority
- Must include the expected outcomes and time frame

## LONG TERM GOALS

- Goals set for a longer time frame based on patient goals and physiotherapist goals

## PLAN OF TREATMENT

- The physiotherapy treatment that will be given according to the goal set up

## SIGN/ STAMP/DATE

- Need to be filled by attending physiotherapist

## References

1. The P5VS Guidelines (2nd edition, 2013)

