



## The Wellness Studio

123 Wellness Ave, Health City | wellness@email.com | (123) 456-7890

### Patient Narrative Report

Name: Asghar ALi | DOB: | Phone: 03126600981

#### Ø=ßæ INITIAL VISIT

Chief Complaint: patientt

Chiropractic Adjustment: [

"Cervical Spine",

"Ankle R / L"

]

Acupuncture: [

"Cervical Spine",

"Thoracic Spine"

]

Physiotherapy: [

"Ultrasound",

"Therapeutic Exercises",

"Mechanical Traction"

]

Rehabilitation Exercises: [

"Ankle R / L"

]

Imaging ( X-ray, M R I, C T): {

"xray": [

"T/S",

"Sacroiliac Joint L",

"Knee R",

"Ankle L"

],

"mri": [

"T/S",

"Sacroiliac Joint L",

"Knee R",

"Ankle L",

"Elbow R"

],

"ct": []

}

Nerve Study: [

"EMG/NCV lower",

"EMG/NCV upper"

]

```
Restrictions: {  
  "avoidActivityWeeks": 1,  
  "liftingLimitLbs": 1,  
  "avoidProlongedSitting": false  
}
```

## Ø=ßé FOLLOW-UP VISIT

Areas: N/A  
Muscle Palpation: patientt  
Pain Radiating: patientt  
R O M: N/A  
Orthos: {  
 "tests": "patientt",  
 "result": "patientt"  
}  
  
Activities Causing Pain: patientt  
Overall Response: {  
 "improving": true,  
 "worse": true,  
 "same": true  
}  
  
Treatment Plan: {  
 "treatments": "patientt",  
 "timesPerWeek": "patientt"  
}  
  
Home Care: patientt  
Diagnostic Study: {  
 "study": "patientt",  
 "bodyPart": "patientt",  
 "result": "patientt"  
}

## Ø=ßå DISCHARGE VISIT

Prognosis: The patient has reached a plateau...  
Croft Criteria: patientt  
A M A Disability: Grade III  
Future Medical Care: []  
Referrals / Notes: patienttpatienttpatienttpatientt