

Patient Medical Form

Patient Name: John Doe

Date of Birth: 1990-05-14

Date: 2025-02-07

Injection: None

Exercise Therapy: Physical Therapy - 3 Sessions/Week

Difficulty Ratings:

Walking: 3/10

Lifting: 5/10

Changes Since Last Treatment:

Pain Level: Reduced

Mobility: Improved

Pain Symptoms:

Headache: No

Back Pain: Yes

Joint Pain: No

Medical Assistant Data:

Medication Prescribed: Ibuprofen

Next Appointment: 2025-02-14