                                                                                                   Initial Comprehensive Medical Evaluation  
  
Date: 03/03/2025

RE:     First Test Last Test  
DOB:  01/02/1990   
Location:  Great Neck  
Case Type:  NF   
1st Evaluation  
  
Degree of Disability:   
Work Status:   
  
HISTORY:  
  
  
CHIEF COMPLAINTS:

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY:

PAST SURGICAL/HOSPITALIZATION HISTORY:

MEDICATIONS:

ALLERGIES:

SOCIAL HISTORY:

PHYSICAL EXAMINATION:    
General: The patient presents in an uncomfortable state.

Neurological Examination: Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

Deep Tendon Reflexes: Are 2+ and equal.

Sensory Examination: Is intact.

Manual Muscle Strength Testing: Is 5/5 normal.

GAIT: Guarded

DIAGNOSTIC STUDIES: None reviewed.

DIAGNOSES:   
  
Occipital headaches.

PLAN:

1. Procedure - Bilateral greater occipital nerve blocks under ultrasound guidance: Because the patient presents with severe occipital headaches, the patient did get occipital nerve blocks.
2. Procedure - Bilateral lesser occipital nerve blocks under ultrasound guidance: Because the patient presents with severe occipital headaches, the patient did get occipital nerve blocks.

Procedures: If the patient continues to have tender palpable taut bands/trigger points with referral patterns as noted in the future on examination, I will consider doing trigger point injections.

Care: Acupuncture, chiropractic and physical therapy. Avoid heavy lifting, carrying, excessive bending and prolonged sitting and standing.

Goals: To increase range of motion, strength, flexibility, to decrease pain and to improve body biomechanics and activities of daily living and improve the functional status.

Precautions: Universal.

Follow-up: 2-4 weeks.  
  
It is my opinion that the injuries and symptoms Ms. First Test Last Test sustained to neck pain. are causally related to the incident that occurred on as described by the patient.