**Initial Comprehensive Medical Evaluation**  
  
**Date:** May 22, 2024   
  
**RE:**     Mr. 1, 111    
**DOB:**  01/01/2000   
**Location:**  Bayside-Ortho  
**Case Type:**  NF   
1st Evaluation  
  
**Degree of Disability:**    
**Work Status:**     
  
**HISTORY**: 

The patient is a 24-year-old male, \_\_\_right/left hand dominant, who presents to the office for an orthopaedic evaluation complaining of that started after a test on 05/22/2024.

\_\_Accdesc \_\_.

\_\_\_bodypart HPI\_\_

\_\_Last note\_\_

**CHIEF COMPLAINT:**   
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**REVIEW OF SYSTEMS**:   
  
**PAST MEDICAL HISTORY**: Noncontributory.  
**PAST SURGICAL/HOSPITALIZATION HISTORY**: Noncontributory   
**MEDICATIONS**: The patient is taking \_\_\_\_ pain medications p.r.n. The patient is not taking any medication at this time.  
**ALLERGIES**: No known drug allergies  
**SOCIAL HISTORY**:    
  
**PHYSICAL EXAM:**  
**General:** The patient presents in an uncomfortable state.  
  
**Neurological Examination**: The patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.  
  
**Deep Tendon Reflexes:**    
  
  
**Sensory Examination:**  
  
  
**Manual Muscle Strength Testing**:    
  
  
  
  
**GAIT:**  
  
**Diagnostic Studies:**    
  
  
**Diagnoses:**  
   
  
**Plan:**  
  
  
  
  
**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:**    
  
It is my opinion that the injuries and symptoms Mr. 1, 111 sustained to are causally related to the incident that occurred on 05/22/2024 as described by the patient.  
  
  
  
#Sign  
#ProviderName  
#AssProviderName