April 01, 2024

**Re:**     Mr. Roshni1 M Patel   
**DOB:**  01/01/2000   
**DOA:**  10/10/2024   
**Location:**   Bayside-Ortho

**INITIAL ORTHOPEDIC CONSULTATION**  
  
**CHIEF COMPLAINT:** Lowback pain.

**HISTORY OF PRESENT ILLNESS:**

**PAST MEDICAL HISTORY:**

**PAST SURGICAL HISTORY:**

**DRUG ALLERGIES:**

**CURRENT MEDICATIONS*:***

**SOCIAL HISTORY:**

**IMPAIRMENT RATING:**

**ADL CAPABILITIES:** #ADL

**REVIEW OF SYSTEMS:**

**PHYSICAL EXAMINATION:**

**DIAGNOSTIC STUDIES:** None Reviewed

**FINAL DIAGNOSES:**

**PLAN:**

**CAUSALITY:**It is within a certain degree of medical certainty, that the history presented by Mr. Roshni1 M Patel, the objective physical findings as well as the diagnosis rendered lowback is causally related to the injury the patient incurred on the 10/10/2024.  These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

**Signature:**