



# WestStar

PHYSICAL THERAPY NETWORK

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## Initial Evaluation

Evaluation Date:05/06/2011  
Generated Date:07/15/2011

Name: BURRESS, KRISTY  
Gender: F  
Referring Doctor: AHMED, KHALID  
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 02/15/1983  
Account Number: \_\_\_\_\_  
First Seen: 05/01/2008

### Subjective:

#### Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

#### Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

#### Current Condition:

Details:

Chief Complaint:

Onset Date: 12/27/2007

Type of Injury: 6

Specific Injury:

TreatmentsDetail:

#### Pain History:

Pain Area:

Area:

Pain Description:

Area:

#### Functional Status:

Functional Activity:

Activity:

Objective:

Assessment:

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

Doctor's Order            0 time(s) per week, for 0 week(s).

Evaluation Performed By:

Therapist:                MINA GHAZVINI

License: