



WestStar

PHYSICAL THERAPY NETWORK

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Initial Evaluation

Evaluation Date: 07/08/2011
Generated Date: 07/24/2011

Name: QUIROZ, ARTURO
Gender: M
Referring Doctor: KHARRAZI, DANIEL

Date of Birth: 07/11/1963
Account Number: 113252
First Seen: 07/06/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 04/04/2010

Type of Injury: 6

Specific Injury:

Treatments Detail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity:

Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

Diagnosis:

Objective:

Assessment:

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

Doctor's Order 2 time(s) per week, for 2 week(s).

Evaluation Performed By:

Therapist: MONICA MILLER, DPT

License: