



WestStar

PHYSICAL THERAPY NETWORK

1725 W Beverly Blvd
Los Angeles, CA 90026
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Initial Evaluation

Evaluation Date:06/30/2011
Generated Date:06/30/2011

Name: TORRES, MARIA
Gender: F
Referring Doctor: VARELA, GILBERT R
Diagnosis: 842 Sprains And Strains Of Wrist And Hand

Date of Birth: 07/24/1969
Account Number: 119340
First Seen: 06/27/2011

Subjective:

Work Details:

Status: Currently Working
Occupation: HOSTESS
Job Requirement: Pt describes job as primarily sitting 6-7 hours with repetitive UE and computer, frequently reaching and lifting. Pt works full time 40 hours per week. Using a Computer, Stair Climbing, Pushing,

Medical History:

Medical History: Blah a Blah, DiabetesCholesterol
Surgeries: none
Diagnostic Tests: none
Medications: codene

Current Condition:

Details:
Chief Complaint: pain
Onset Date: 02/22/2010
Type of Injury: 6
Specific Injury: wrist sprain
TreatmentsDetail:

Pain History:

Pain Area:
Area:
Pain Description:
Area:

Functional Status:

Functional Activity:
Activity:

Objective:

WRIST(S)

Assessment:

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Plan:

Short Term Goals gfgfgfgfgfgfgfh

Long Term Goals

Treatment Plan hhhhhhhhhhhhhhhhhffff

Doctor's Order 3 time(s) per week, for 3 week(s).

Evaluation Performed By:

Therapist: RAPHAEL MUNOZ

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