

Progress Note/Re-Evaluation

Evaluation Date: 06/29/2011
Generated Date: 06/30/2011

Name: SAMMONS, STEPHEN
Gender: M
Referring Doctor: ANEL, MANUEL

Date of Birth: 01/26/1961
Account Number: _____
First Seen: 06/26/2009

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: 09/19/2008

Type of Injury: 6

Specific Injury:

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity:

Diagnosis:

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:

License: