



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
Montclair, CA 91763
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Initial Evaluation

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

Name: MENKEE, SUMMER
Gender: F
Referring Doctor: SPECTOR, ROBERT
Diagnosis: 722.0 Displacement Cervical Intervertebral Disc Myelopathy

Date of Birth: 04/21/1976
Account Number: 113255
First Seen: 07/06/2011

Subjective:

Work Details:

Status: Currently Working
Occupation: PERFORMER, TEACHER
Job Requirement:

Medical History:

Medical History:
Surgeries:
Diagnostic Tests:
Medications:

Current Condition:

Details:
Chief Complaint:
Onset Date: 03/21/2010
Type of Injury: 5
Specific Injury:
Treatments Detail:

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 3 time(s) per week, for 4 week(s).

Evaluation Performed By:

Therapist: MONICA MILLER, DPT

License: