



WestStar

PHYSICAL THERAPY NETWORK

600 S Grand Ave #104
Santa Ana, CA 92705
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Initial Evaluation

Evaluation Date: 06/30/2011
Generated Date: 07/11/2011

Name: CURRY, LINDA
Gender: F
Referring Doctor: MULVANIA, RICHARD

Date of Birth: 09/26/1957
Account Number: _____
First Seen: 06/11/2009

Subjective:

Work Details:

Status: Currently Not Working
Occupation: CASHIER
Job Requirement: job requires prolonged standing and walkign for aobut 4 hours with occasinal bending, squatting, kneeling, and lifting.

Medical History:

Medical History: HTN, DM,
Surgeries: S/P right ankle ORIF, S/P left knee arthroscopy
Diagnostic Tests: x-ray, MRI
Medications:

Current Condition:

Details:
Chief Complaint: pt with c/o constant low back pain, radiating to RLE, numbness of RLE, stiffness in the morning, and difficulty sleeping.
Onset Date: 10/15/2001
Type of Injury: 6
Specific Injury: repetitive 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: MINA GHAZVINI

License: