

Initial Evaluation

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

Name: MEDEIROS, LINDA
Gender: F
Referring Doctor: LARSEN, JOHN

Date of Birth: 09/23/1957
Account Number: _____
First Seen: 06/29/2011

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: 03/09/2005

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

Evaluation Performed By:

Therapist:

License: