



# WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206  
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## Initial Evaluation

Evaluation Date:06/30/2011  
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: CASHIER  
Job Requirement: job requires prologed standing and walkign for 4 hours with occasional bending, squatting, kneeling, and lifting.

#### Medical History:

Medical History: none reported  
Surgeries:  
Diagnostic Tests:  
Medications:

#### Current Condition:

Details:  
Chief Complaint: c/o constant low back pain, radiculopathy and paresthesia to RLE, stiffness in the morning, and difficulty sleeping.  
Onset Date: 09/19/2008  
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: