



WestStar

PHYSICAL THERAPY NETWORK

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

Evaluation Date:07/11/2011
Generated Date:08/14/2011

Name: STAROSTKA, WENDY
Gender: F
Referring Doctor: RAJAGOPALAN, BAL
Diagnosis: (Not Specified)

Date of Birth: 06/01/1953
Account Number: 113258
First Seen: 07/01/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 07/23/2010

Type of Injury: 6

Specific Injury:

Treatments/Detail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity:

Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

Objective:

Assessment:

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

Doctor's Order 3 time(s) per week, for 8 week(s).

Evaluation Performed By:

Therapist: MONICA MILLER, DPT

License: