



WestStar

PHYSICAL THERAPY NETWORK

780 North Euclid St #104
Anaheim, CA 92801
T:(714)533-3416 F:(714)533-3805

Initial Evaluation

Evaluation Date:09/07/2011
Generated Date:09/07/2011

Name: MONROY, MANUEL
Gender: M
Referring Doctor: MATOS, MAX
Diagnosis: 719.46 Pain Joint Lower Leg
842 Sprains And Strains Of Wrist And Hand

Date of Birth: 10/05/1965
Account Number: 115030
First Seen: 01/26/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 10/02/2006

Type of Injury: 6

Specific Injury:

TreatmentsDetail:

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:

Based on the objective and subjective data in conjunction with the stated outcome measurements physical therapy interventions are indicated at this time to address the patient's impairments and subsequent functional limitations.

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

2 time(s) per week for 2 week(s)

Evaluation Performed By:

Therapist: MINA GHAZVINI

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