



WestStar

PHYSICAL THERAPY NETWORK

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Montclair, CA 91763
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Initial Evaluation

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

Name: CHOLEWINSKI, ALLEN
Gender: M
Referring Doctor: AVAL, SOHEIL
Diagnosis: 719.46 Pain Joint Lower Leg

Date of Birth: 03/20/1980
Account Number: 093336
First Seen: 06/23/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 05/08/2009

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:

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

Doctor's Order 1 time(s) per week, for 1 week(s).