



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
Montclair, CA 91763
T:(909)399-3100 F:(909)625-3439

Initial Evaluation

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

Name: QUIROZ, ARTURO
Gender: M
Referring Doctor: KHARRAZI, DANIEL
Diagnosis: (Not Specified)

Date of Birth: 07/11/1963
Account Number: 113252
First Seen: 07/06/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 04/04/2010

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