



WestStar

PHYSICAL THERAPY NETWORK

10330 Hole Ave #1
Riverside, CA 92505
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Initial Evaluation

Evaluation Date:09/02/2011
Generated Date:09/07/2011

Name: AMARAL, STEVE
Gender: M
Referring Doctor: BARRI, MICHAEL E
Diagnosis: 847.0 Sprains Strains Anterior Longitudinal Ligament Cervical

Date of Birth: 09/29/1966
Account Number: _____
First Seen: 08/29/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 03/03/2010

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

Doctor's Order 2 time(s) per week, for 6 week(s).

Evaluation Performed By:

Therapist: JAHNET MCGREAL, RPT

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