



Example Medical Summary

Case: John Smith vs. Thomas Kennedy
File No: 2010-00742
Patient/Client: John Smith
Date of Birth: 01-01-1950
Date of Injury: 02-10-2009
Date of Service: 02-15-2009
Medical Provider: Susan Jackson, MD of Prime Health Center – Orlando, FL

Chief Complaints: Lower back pain (lumbar) and severe neck pain (cervical)

Present Medical History: Mr. Smith is a 60 year old right hand dominant male. He reports being involved in a t-bone collision 5 days before this visit. He was proceeding through an intersection when the other driver ran a traffic light and struck the driver's side of his vehicle. The airbags deployed. Mr. Smith sustained injuries to his neck and lower back. He was transported from the accident scene to the hospital via ambulance and was released later that day. This is Mr. Smith's first follow up visit. He describes his neck and lower back pain as sharp, achy and constant since the accident, and reports occasional numbness in his left hand. Mr. Smith has been unable to work since the accident.

Past Medical History: Sustained a lower back injury due to an automobile accident in 1992. He was diagnosed with a small disc bulge at L4-5 and was treated by Dr. John Doe of AMC Medical Center in Orlando, Florida. He received physical therapy for 6 months and recovered well from the injury. He has not seen Dr. Doe (or any doctor for this injury) since 1993.

Physical Examination: Cervical and lumbar ranges of motion are restricted and painful
Muscle spasms are present at C2-4 and L4-5
Tenderness is exhibited throughout the lumbar spine
Gait is somewhat guarded

Radiology Exams: Cervical and lumbar x-rays were taken on 2/15/2009:

- cervical = unremarkable; no evidence of fracture
- lumbar = unremarkable; no evidence of fracture

Diagnoses: Cervical and lumbar sprains

Treatment Recommendations: Physical therapy - 3 times/week for 12 weeks
Follow up visit scheduled for 03/01/2010
No prescriptions
Client is temporarily disabled and excused from work until 2/20/2009

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