Summary Format Options:

Spreadsheet Format (for musculoskeletal injury cases)

DOS	Visit type	Subjective	Objective	Assessment	Plan
3/10/19	Initial eval Dr. ___, MD	Low back, lower extremity pain, "seems to extend from his low back into his bilateral hip and buttock area," 9/10. Constant, aching, tingling.	Tenderness and spasm to palpation over the lumbar spine, painful ROM. Ankle jerk is depressed on the right compared to the left.	1) L4-5 disc bulge. 2) L5-S1 disc protrusion. 3) Bilateral lower extremity radiculopathy. 4) L4-5 and L5-S1 degenerative disc disease, pre-existing. 5) Failed conservative therapy. 6) Status post work related injury on 12/20/19.	Continue current meds, steroid injections, physical therapy, follow-up.
3/15/19	Las Vegas Radiology	MRI of the lumbar spine		1) Approximately 6mm posterior central and right central L5-S1 disc protrusion with mild central spinal canal stenosis and moderate bilateral neural foraminal narrowing. 2) Mild asymmetric L4-5 annular bulge, more prominent in the right subarticular and foraminal annular margin with posterior central annular fissure, mild to moderate central spinal canal stenosis.	
3/28/19	Follow-up Dr. ____	Unchanged	Increased pain with forward flexion, decreased right ankle jerk	1) Lumbar disc herniation L4-5 and L5-S1. 2) Radicular leg pain.	Steroid injections, PT, "unable to return to work" slip, follow-up 4 weeks.