

# MRZ MEDICAL GROUP

## ACKNOWLEDGMENT

BAYTOWN    KATY    SOUTH WEST    WOODLANDS

EXAMINEE

DATE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

*I am aware that the above named physician has been requested to evaluate me medically at the above facility for the purpose of consultative exam only. I fully understand that the above named physician is not my treating physician or personal physician and that the doctor/patient relationship does not exist nor will be established at this time. I am also aware that the purpose of this evaluation of me is not for the purpose of treatment and that I am only to be evaluated for my present condition as submitted to this office by the Division of Disability Determination Services. In submitting to an examination with the above named physician, I am not relying on any determination of diagnosis or treatment as explained above. I fully acknowledge that the responsibility for my health is shared by me and my treating physician and not the above named physician.*

EXAMINEE PRINTED NAME \_\_\_\_\_

EXAMINEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FARZANA SAHI  
7777 SOUTHWEST FRWY, STE. 640  
HOUSTON, TX 77074**

**MEDICATION SHEET**

**PATIENT NAME:**

**MEDICATION**

**DOSE**

**FREQUENCY**

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Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Location: \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ (Full Time/part Time)

Highest Level of Education: \_\_\_\_\_ Age: \_\_\_\_\_

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Surgeries(if any): \_\_\_\_\_

Date of Surgeries \_\_\_\_\_

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Medication Taken Currently: (sheet attached)

Significant Medical Experiences : \_\_\_\_\_

Seizure: \_\_\_\_\_

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Smoking: Y/N,

If yes how many packs a day and since when? \_\_\_\_\_

Drugs: /N[

if yes what drugs and how long? \_\_\_\_\_

Alcohol: Y/N,

if yes ho  much a week and since when? \_\_\_\_\_

Hepatitis C: \_\_\_\_\_

HIV: Y/N: \_\_\_\_\_

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Doctors Use Only

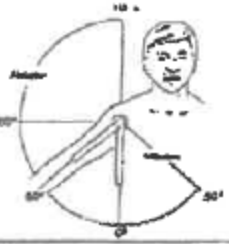


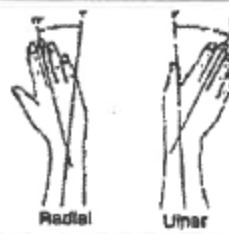

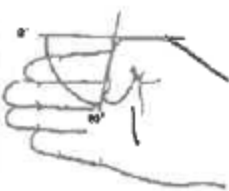
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ibs Blood Pressure

Pulse: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_ BMI:

Notes:

## RANGE OF JOINT MOTION EVALUATION CHART

NAME OF PATIENT		SOCIAL SECURITY NUMBER																	
<b>INSTRUCTIONS:</b> For each affected joint, please indicate the existing limitation of motion showing the maximum possible range of motion on the chart in degrees. Provide a complete description of all affected joints in your narrative summary. If range of motion was normal for all joints, please comment in your narrative summary. If joints, which do not appear on this chart are affected, please indicate the degree of limited motion in your narrative.																			
<b>1. Back</b>		<b>2. Lateral (flexion)</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Extension 25°</td> <td style="text-align: center; padding: 5px;">Flexion 90°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Extension 25°	Flexion 90°	Degrees	Degrees		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Left 25°</td> <td style="text-align: center; padding: 5px;">Right 25°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Left 25°	Right 25°	Degrees	Degrees								
Extension 25°	Flexion 90°																		
Degrees	Degrees																		
Left 25°	Right 25°																		
Degrees	Degrees																		
<b>3. Neck</b>		<b>4. Neck (lateral bending)</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Extension 80°</td> <td style="text-align: center; padding: 5px;">Flexion 50°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Extension 80°	Flexion 50°	Degrees	Degrees		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Left 45°</td> <td style="text-align: center; padding: 5px;">Right 45°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Left 45°	Right 45°	Degrees	Degrees								
Extension 80°	Flexion 50°																		
Degrees	Degrees																		
Left 45°	Right 45°																		
Degrees	Degrees																		
<b>5. Neck (rotations)</b>		<b>6. Hip (backward extension)</b>																	
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Left 80°	Right 80°																		
Degrees	Degrees																		
Left 30°	Right 30°																		
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<b>7. Hip (flexion)</b>		<b>8. Hip (adduction)</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Left</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Knee Flexed 100°</td> <td style="text-align: center; padding: 5px;">Knee Extended 110°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Right</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Knee Flexed 100°</td> <td style="text-align: center; padding: 5px;">Knee Extended 100°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Left		Knee Flexed 100°	Knee Extended 110°	Degrees	Degrees	Right		Knee Flexed 100°	Knee Extended 100°	Degrees	Degrees		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Left 20°</td> <td style="text-align: center; padding: 5px;">Right 20°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Left 20°	Right 20°	Degrees	Degrees
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Knee Flexed 100°	Knee Extended 110°																		
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<b>9. Hip (abduction)</b>		<b>10. Knee (flexion)</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Left 40°</td> <td style="text-align: center; padding: 5px;">Right 40°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Left 40°	Right 40°	Degrees	Degrees		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Left 150°</td> <td style="text-align: center; padding: 5px;">Right 150°</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Degrees</td> <td style="text-align: center; padding: 5px;">Degrees</td> </tr> </table>	Left 150°	Right 150°	Degrees	Degrees								
Left 40°	Right 40°																		
Degrees	Degrees																		
Left 150°	Right 150°																		
Degrees	Degrees																		

11. Shoulder (Abduction - Adduction)		12. Shoulder (Flexion - Extension)		
	Left		Left	
	Abduction 150°	Adduction 30°	Extension 50°	Flexion 150°
	Degrees	Degrees	Degrees	Degrees
	Right		Right	
Abduction 150°	Adduction 30°	Extension 50°	Flexion 150°	
Degrees	Degrees	Degrees	Degrees	
13. Elbow		14. Forearm (Pronation - Supination)		
	Left		Left	
	Extension 0°	Flexion 150°	Pronation 80°	Supination 80°
	Degrees	Degrees	Degrees	Degrees
	Right		Right	
Extension 0°	Flexion 150°	Pronation 80°	Supination 80°	
Degrees	Degrees	Degrees	Degrees	
15. Ankle		16. Ankle (Flexion - Extension)		
	Left		Left	
	Inversion 30°	Eversion 20°	Plantar 40°	Dorsal 20°
	Degrees	Degrees	Degrees	Degrees
	Right		Right	
Inversion 30°	Eversion 20°	Plantar 40°	Dorsal 20°	
Degrees	Degrees	Degrees	Degrees	
17. Wrist (radial, ulnar)		18. Wrist		
	Left		Left	
	Radial 20°	Ulnar 30°	Extension 60°	Flexion 60°
	Degrees	Degrees	Degrees	Degrees
	Right		Right	
Radial 20°	Ulnar 30°	Extension 60°	Flexion 60°	
Degrees	Degrees	Degrees	Degrees	
19. Thumb (MP Joint)		20. Thumb (IP Joint)		
	Left	Right	Left	Right
	Flexion 50°	Flexion 90°	Flexion 80°	Flexion 80°
	Degrees	Degrees	Degrees	Degrees
				
PHYSICIAN'S SIGNATURE		DATE OF EXAMINATION		