MEDICAL CHRONOLOGY

Medical chronology and narrative notes

Prepared by SummaryDesk as paralegal drafting support for attorney review. This is a fictional sample of a personal-injury records chronology. It is not a medical or legal opinion, and it is not legal advice.

Claimant (fictional)	Tessa R. Alden, date of birth 22 June 1988
Date of incident	18 March 2025, rear-end collision, Harbor Mill Road at Cedar Quay Avenue, Anytown, California
Records reviewed	A 186-page fictional compiled medical file, Bates MED-0001 to MED-0186
Matter (fictional)	Alden v. Grover, Superior Court of California, County of Example, Case No. SAMPLE-CIV-2025-0418

Chronological treatment table

Date	Provider	Summary of the record	Page ref.
18 Mar 2025, 5:26 p.m.	Example County Medical Center, Emergency Department	Arrived by private vehicle after a rear-end collision. Chief complaint: neck pain, right shoulder pain, and a headache. Cervical spine and right shoulder x-rays read as no fracture. Given ibuprofen and a soft cervical collar. Discharged in stable condition with instructions to follow up with a primary-care physician.	MED-0004 to MED-0018
24 Mar 2025	Cedar Quay Family Medicine, Nadia V. Holmquist, M.D.	Follow-up visit. Persistent neck stiffness, right shoulder pain with abduction, and low-back pain that the patient says began the morning after the collision. Tender cervical paraspinals and right trapezius. Plan: naproxen, referral to physical therapy, and an MRI of the lumbar spine if symptoms continue.	MED-0022 to MED-0027
02 Apr 2025 to 28 May 2025	North Sample Physical Therapy	Course of 14 visits for the cervical spine, right shoulder, and lumbar spine. Initial notes record limited cervical rotation and pain at 90 degrees of right shoulder abduction. Discharge note on 28 May 2025 records partial improvement, with remaining low-back pain and intermittent right-arm tingling.	MED-0031 to MED-0074

16 Jun 2025	Willow Bend Imaging	MRI of the lumbar spine, without contrast. Report describes a 3 mm right paracentral disc protrusion at L5-S1 that contacts the traversing S1 nerve root, with mild degenerative facet change at L4-L5. No fracture.	MED-0078 to MED-0081
01 Jul 2025	Harbor Mill Orthopedics, Samuel T. Quill, M.D.	Orthopedic evaluation. Review of the MRI. Impression: lumbar disc protrusion at L5-S1, cervical strain, and right shoulder sprain, in the setting of the 18 March 2025 collision. Recommends continued therapy and a short course of oral steroids. No surgery recommended at this visit.	MED-0085 to MED-0091
15 Jul 2025 to 09 Sep 2025	North Sample Physical Therapy	Second course of 10 visits, focused on the lumbar spine and a home exercise program. Notes through August record fluctuating low-back pain and sitting tolerance of about 30 minutes. 09 Sep 2025 note: patient to continue home program and return if symptoms worsen.	MED-0095 to MED-0128
20 Oct 2025	Cedar Quay Family Medicine, Nadia V. Holmquist, M.D.	Re-evaluation. Patient reports remaining low-back pain on longer drives and occasional headaches. Right shoulder improved. Medications: occasional naproxen. Physician recommends follow-up as needed and continued home exercises.	MED-0132 to MED-0136
12 Jan 2026	Harbor Mill Orthopedics, Samuel T. Quill, M.D.	Return visit. Low-back pain continues, described as a 3 to 4 out of 10 on most days, worse after sitting. Repeat surgery discussion is deferred. Physician recommends activity modification and a further therapy course if symptoms increase. This is the last record in the compiled file.	MED-0140 to MED-0146

Short narrative of the course of care

The records in this fictional file describe treatment that begins on the evening of the 18 March 2025 collision and continues through 12 January 2026. The emergency-department record documents neck pain, right shoulder pain, and a headache, with x-rays read as showing no fracture. Subsequent primary-care and therapy notes add low-back pain beginning the next day. The 16 June 2025 MRI report describes a right paracentral

disc protrusion at L5-S1. The orthopedic notes do not recommend surgery in the records reviewed. The last record in the file is the 12 January 2026 orthopedic visit.

Missing-records note

The following items are mentioned in the records, or would ordinarily be expected in a file of this kind, but are not present in the 186-page compiled set reviewed for this sample:

- No ambulance or emergency-medical-service report is in the file. The emergency-department record states that the patient arrived by private vehicle. If a later statement says an ambulance attended the scene, that report has not been produced here.
- No pharmacy or prescription-fill history is in the file, although naproxen and a short steroid course are mentioned in the physician notes.
- The 24 March 2025 primary-care note refers to cervical and right-shoulder x-rays from the emergency department; those image files themselves are not in the compiled set, only the written reports.
- There are no records from any provider after 12 January 2026. If treatment continued, those records are not in this file.
- No prior medical records from before the 18 March 2025 collision are in the file. The intake forms do not identify a prior lumbar MRI or prior shoulder surgery.

End of fictional sample. A delivered chronology cites the records the firm provides, flags items that appear to be missing, and is reviewed by the client's attorney.