

Patient Name - Comparative Chart of Injuries/ Condition			
S. No	Prior to fall injury (05/22/YYYY)	Aggravation after fall	Causation
1	Records not available	Yes Left shoulder and back pain	Mentioned in visit date 05/26/YYYY (PDF Ref: 200-201)
2	Records not available	Knee pain	Mentioned in visit date 05/30/YYYY (PDF Ref: 405-407)