UK Sinha Physician, P.C. 102-31 Jamaica Ave. Richmond Hill, NY 11418

INITIAL INTAKE SHEET

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Patient Name: /// // // // Patient Name:	noz lintt.		1, - 1
			4: 02/10/2027
DOB: 05/31/1977	Age: Height:		Handed: R L '
Chief Complaint: R/SH/		R/Elb L/Elb R/Hîp L/	Hip R/Ank L/Ank
<u>R</u> ∕Wri	ĽWri Neck Mid-back	Low-back	-
Type of Injury: MVA Work	-Related Working:	Y Degree of Disabil	lity:%
Asymptomatic prior to accident: Y N History of prior trauma: Y / R			
Pain in:			
Other:			
PedestrianBicyclist	MotorcyclistBus pa		Rear Pass
Vehicle hit: Rear	Front Driver-side		Passenger side front
Passenger sid		•	
Airbags deployed: Y / N			
vent to nospital: . 1 / N	dospital name:		Amb. Car
	HLD Asthma Cardiac Thyroid	CA	
PSH:None			
Meds: None /Pain meds PRN Drug Allergy: Y / N			
Soc. His: Smoke Y / N	and Abrild W. A. M.	beautiful December 1991	
——————————————————————————————————————			
PT/Chiro / N Duration: Weeks/Wonths/Years Relief: Good Little None Walk: Y / N blocks Stand: Y / N mins Sit Y / N mins			
	ks Stand: Y / Nmins		mins
Unable to: Garden		ift Childcare Carry	Reach overhead
Laundry Shopping	Errands Kneel S	equat Stairs Jog Exercise	
PRESENT COMPLAINTS:			
RSH Pain 2/10	LSH Pain/10	R KN Pain/10	LKN Pain /10
Constant Latermittent	Constant Intermittent	Constant Intermittent	Constant Intermittent
Stiff Weak Pop Click	Stiff Weak Pop Click	Stiff Weak	Stiff Weak
Reach overhead Y /	Reach overhead Y / N	Diff rising from chair Y / N	
Reach back Y /		_	1
	Reach back Y / N		
Unable to sleep at night	Unable to sleep at night	Click Pop Buckl Lock	Click Pop Buckl Lock
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice
RHIP Pain/10	<u>LHIP</u> Pain/10	<u>R ANK</u> Pain/10	<u>LANK</u> Pain/10
Constant Intermit Lock	Constant Intermit Lock	Constant Intermittent	Constant Intermittent
Pain w/ stand walk climb	Pain w/ stand walk climb	Pain w/ stand walk climb	Pain w/ stand walk climb
Standing from sitting	Standing from sitting	Imp w/ Rest Med PT ice	Imp w/ Rest Med PT Ice
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	•	•
R WRI Pain/10	<u>L.WRI</u> Pain/10	<u>R ELB</u> Pain/10	<u>LELB</u> Pain/10
Constant Intermittent	Constant Intermittent	Constant Intermittent	Constant Intermittent
Weak Numb Tingle	Weak Numb Tingle	Weak Numb Tingle	Weak Numb Tingle
Pain w/ lift carry drive	Pain w/ lift carry drive	Pain w/ lift carry drive	Pain w/ lift carry drive
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice
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Other Complaints:			

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ROS:
  General: Fevers chills
                       night sweats weight gain weight loss
  HEENT: Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness
  Endocrine: Cold intolerance appetite changes hair changes
  Skin: Clear no rashes or lesions
  Neuro: Headaches dizziness vertigo tremors
  Respiratory: Wheezing coughing shortness of breath difficulty breathing
  Cardiovascular: Chest pain murmurs irregular heart rate hypertension
  GI: Nausea vomiting diarrhea constipation jaundice change in bowel habits
  GU: Blood in urine painful urination loss of bladder control urinary retention
  Hematology: Active bleeding bruising anemia blood clotting disorders
  Psychiatric: Anxiety change in sleep pattern depression suicidal thoughts
  PHYSICAL EXAMINATION:
 CSPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L
  Pain w/ neck bend lift carry Impoves w/ Rest Med PT Ice
 ROM: Flex. ____/45 Ext. ____/45
                                     LSPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L
 Pain w/ stand walk sit bend Impoves w/ Rest Med PT Ice
 ROM: Flex. ____/80 Ext. ____/25 R Lat Flex. ____/35 L Lat Ext. ____/45 Sac Hip Flex ____/45
 R/SH: Swelling /Tender to palp > Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
       Heat Erythema Crepitus Deformity
Drop Arm Cross-Over Empty Can Yergason
O'Brien's Impingement Lift off test Hawkins
                                                                         Deltoid Atrophy
 ROM: Abd. 180 Add. 1/45
IR: sacrum mid back
                                       For Flex. 60 180 Ext. 5/60 IR 56/90 ER 8/90
                                      ______no motor or sensory deficit
 L/SH: Swelling/Tender to palp-> Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
      Heat
                    Ervthema
                                      Crepitus
                                                          Deformity
      Drop Arm
                    Cross-Over
                                      Empty Can
                                                         Yergason
                                                                       Deltoid Atrophy
      O'Brien's Impingement Lift off test
                                                         Hawkins
 ROM: Abd. ____/180 Add. ____/45 For Flex. ____/180 Ext. ___/60 IR ___/90 ER __/90
IR: sacrum mid back
                                    ____no motor or sensory deficit
R /KN: Swelling / Tender along → Med joint line Lat joint line Sup. patella Inf. Patella
                                                                                     Pop. fossa
       Heat
                    Swelling
                                   Erythema
                                                      Crepitus
                                                                    Deformity
       McMurray Lachmans
                                   Pat. fem. grind Ant. draw
                                                                    Post. draw
ROM: Flexion _____/130 Extension_____/5 __Stable varus/valgus ____no motor or sensory deficit

∠ KN: Swelling / Tender along → Med joint line Lat joint line Sup. patella Inf. Patella

                                                                                    Pop. fossa
                    Swelling
                                  Ervthema
                                                      Crepitus
                                                                    Deformity
                                  Pat. fem. grind
       McMurray Lachmans
                                                      Ant. draw
                                                                    Post. draw
ROM: Flexion _____/130 Extension_____/5 ___Stable varus/valgus _____no motor or sensory deficit
R/HIP: Swelling /Hematoma / Effusion / bruise ____
                                                        Trendelenburg +ve -ve
Tenderness to palpation → Great Troch Groin Medial thigh.
                                                            ROM: Full Limited and painful.
ROM: Abd. ____/45 Add. ____/35 Flex. ____/120 Ext. ____/30 IR ____/45 ER ____/45
<u>L/HIP</u>: Swelling /Hematoma / Effusion / bruise ______ Trendelenburg +ve -ve
Tenderness to palpation -> Great Troch Groin Medial thigh. ROM: Full Limited and painful.
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