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

INITIAL INTAKE SHEET

	wc f	VF) LIEN	i	
Patient Name: OLIK DOB: Oli 5 19 3 H Chief Complaint: R/SH R/Wri	A100 10 Age: 47 Height:	Weight F DOA	Handed: R / L Hip R/Ank L/Ank	
Type of Injury: MVA Work- Asymptomatic prior to accident Pain in:	N History of pr	N Degree of Disabili ior trauma: Y / N	ity:%	
Pedestrian Vehicle hit: Rear Passenger sid Airbags deployed: Went to Hospital: Passenger N N N	MotorcyclistBus pass Front Driver-side for T-Boned Driver EMS Arrived fospital name:	ront Driver side rear ver side T-Bone Passenger s 1: Y N Police at S	_Rear Pass Passenger side front side cene: Y N Amb. Car	
PSH: None /Pain meds PRN Drug Allergy: Y / N Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y N PT/Chiro: Y N Duration: 2 Weeks /Months/Years Relief: Good Little None Walk: Y N NOIS blocks Stand: Y / N mins Unable to: Garden Play sports Drive Till Childrene Carry Reach overhead Laundry Shopping Errands Kneel Squat Stairs Jog Exercise				
PRESENT COMPLAINTS: R SH Pain /10 Constant Intermittent Stiff Weak Pop Click Reach overhead Y / N Reach back Y / N Unable to sleep at night Imp w/ Rest Med PT Ice	LSH Pain	RKN Pain/10 Constant Intermittent Stiff Weak Diff rising from chair Y / N Diff w/ stairs Y / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice	Diff w/ stairs Y / N Click Pop Buckl Lock	
RHIP Pain/10 Constant Intermit Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	LHIP Pain/10 Constant Intermit Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	RANK Pain/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	LANK Pain/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	
RWRI Pain	LWRI Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	RELB Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	LELB Pain	

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 R Lat Flex. ____/45 L Lat Ext. ____/45 Rot ____/60
 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 / Fender to palp Supraspinatus AC joint (Trap Prox biceps Coracoid Deltoid Scapula Heat Erythema Crepitus Deformity
                                                         Yergason Deltoid Atrophy
                                    Emoty Can
       Drop Arm
                     Cross-Over
       O'Brien's
                     Impingement Lift off test
                                                          Hawkins
                                      For Flex. 40180 Ext. 50/60 IR 6 /90 ER 60/90
ROM: Abd 41 /180 Add. 35/45
                                  _____no motor or sensory deficit
IR: sącrum) mid back
L/SH: Swelling/Tender to palp -> Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
                                                         Deformity
      Heat
                    Erythema
                                    Crepitus
                                                                      Deltoid Atrophy
                                                        Yergason
      Drop Arm
                    Cross-Over
                                     Empty Can
                    Impingement Lift off test
                                                         Hawkins
      O'Brien's
                                      For Flex. ____/180 Ext. ____/60 IR ____/90 ER ____/90
ROM: Abd.____/180 Add. ____/45
                                   ____no motor or sensory deficit
              mid back
IR: sacrum
R /KN: Swelling / Tender along -> Med joint line Lat joint line Sup. patella Inf. Patella
                                                                                    Pop. fossa
                                                     Crepitus Deformity
                    Swelling
                                  Ervthema
                                  Pat. fem. grind
                                                     Ant. draw Post. draw
       McMurray Lachmans
ROM: Flexion _____/130 Extension_____/5 __Stable varus/valgus ____no motor or sensory deficit
L/KN: Swelling / Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa
                                                     Crepitus
                                                                   Deformity
       Heat
                    Swelling
                                  Ervthema
       McMurray Lachmans Pat. fem. grind
                                                     Ant. draw
                                                                   Post. draw
ROM: Flexion _____/130 Extension_____/5 ___Stable varus/valgus _____no motor or sensory deficit
                                                                _Trendelenburg +ve -ve
R/HIP: Swelling /Hematoma / Effusion / bruise ____
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
L/HIP: Swelling /Hematoma / Effusion / bruise ______ Trendelenburg +ve -ve
Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.
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ROM: Abd/45 Add/35 Flex/ R/ANK: Swell /Hemato/ bruise \Rightarrow Ant. Post. Lat. M Tenderness to palpation \Rightarrow Med. aspect Lat. aspect ROM: Dorsi flexion/20 Plantar flex/50 L/ANK: Swell /Hemato/ bruise \Rightarrow Ant. Post. Lat. M Tenderness to palpation \Rightarrow Med. aspect Lat. aspect ROM: Dorsi flexion/20 Plantar flex/50	lalleo Ant Draw +ve - ve ct. ROM: Full Limited Inversion/15 Ever lalleo Ant Draw +ve - ve ROM: Full Limite	Inv Stress +ve -ve I and painful. sion/15 Inv Stress +ve -ve d and painful.
R/WRI: Pain to palp. → Ulnar styl. Distal rad. Scap Tinel +ve -ve Phalen +ve -ve ROM: Flexion/80 Extension/70 Radial d L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scap Tinel +ve -ve Phalen +ve -ve ROM: Flexion/80 Extension/70 Radial d	iev/20 Uinar dev hoid/5 grip strength \$	/30 Swell Erythema Bruise
R/ELB: Swell Erythema Bruise Deltoid atrophy	ve n/90 Pron/90 _/5 musc stren Tender → N ve	
Right Shoulder \$46.011A Partial rot cuff tear M75.121 Complete rot cuff tear M75.121 Complete rot cuff tear M75.01 Adhesive Capsulius M75.01 Adhesive Capsulius M75.02 Adhesive Capsulius M75.02 Adhesive Capsulius M75.02 Adhesive Capsulius M75.03 Adhesive Capsulius M75.04 Adhesive Capsulius M75.05 Adhesive Capsulius M75.06 Adhesive Capsulius M75.07 Adhesive Capsulius M75.08 Adhesive Capsulius M75.09 Adhesive Capsulius M75.01 Adhesive Capsulius M75.02 Adhesi	Right Knee S83.241A Med. Men. tear S83.281A Lat. Men. tear M23.91 Internal derangement S83.519A ACL tear S83.511A ACL sprain S83.411 MCL sprain M94.261 Chondromalacia S83.31XA Tear artic. cartilage M22.2X1 PF chondral injury M25.461 Joint effusion M12.569 Trauma. arthropathy S80.911A Injury M25.561 Pain M65.161 Synovitis M23.40 Loose body in knee M24.10 Chondral lesion M17.11 Osteoarthritis M24.661 Adhesions M67.51 Medial plica M25.761 Osteophyte M70.41 Prepatellar bursitis	Left Knee S83.242A Med. Men. tear S83.282A Lat. Men. tear M23.92 Internal derangement S83.519A ACL tear S83.512A ACL sprain S83.412A MCL sprain M94.262 Chondromalacia S83.32XA Tear artic. cartilage M22.2X2 PF chondral injury M25.462 Joint effusion M12.569 Trauma. arthropathy y S80.912A Injury M25.562 Pain M65.162 Synovitis M23.40 Loose body in knee M24.10 Chondral lesion M93.262 Osteochondral lesion M17.12 Osteoarthritis M24.662 Adhesions M67.52 Medial plica M25.762 Osteophyte M70.42 Prepatellar bursitis

Type II ackomion

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		
an: Recommend steroid i	inj. for pain mgmt. R/SH L R/WRI	/SH R/KN L/KN R/HII L/WRI R/ELB L/ELB	P L/HIP R/ANK L/ANK CSpine LSpine
atientAccepts Brace ordered R/S R/I	Refuses.	R/HIP L/HIP R/ANK	•
R /E Follow up in	H L/SH R/KN L/KN I LB L/ELB C Spine L Sp Weeks / Months / PRN.	ine	
R/ELB	L/SH R/KN L/KN R/H L/ELB C Spine L Spine Wants to think about it	1	NK R/WRI L/WRI Sx after rehab on
Med Clearance need Patient consents to	ed prior to Sx W/C au Sx.	thorization needed prior to Sx	

_Patient scheduled for R /SH L /SH R/KN L /KN Surgery on ______