

4/18/2022

**(00720)-Twumasi Kofi**

Date of Birth - 3/28/1952    Sex - Male    Marital Status - Single

Address: 1150 Grand Concourse #65, Bronx, NY, 10456

Phone #: (646) 529-4809

Social Security# - 030-50-3132

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 1/7/2022

Time/Place Accident -

Date of Visit -

Condition Related to : Auto Accident

Insurance Company : National General Insurance Company

Address:

Phone:    Fax:

Claim# - 220022893

Claim Address - P.O.BOX 1623

Winston Salem, NC 27102

NF-2 - Yes    Sending Date - 02/02/2022

Policy Effective Date -

Policy# - 2005779347

Policy holder - TWUMASI, ADWOA    TWUMASI, KOFI

WCB# -

Carrier case # -

Attorney - Jeffrey A. Aronsky    Firm Name - Jeffrey A. Aronsky, P.C. Attorney at Law

Attorney Address - 16 East 40 th Street Suite 703 New York, NY 10016

Attorney Phone - 212-577-6600    Fax - 212-577-6776

Contact Person -

Other Insurance -

Medicare -

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Complete Medical Care  
Injury Doctors  
www.citimedy.com

JFK Bldg 73A, North Boundary Road, Jamaica, NY 11430  
Tel: (718) 656-4500/Fax: (718) 656-9503

100-05 Roosevelt Ave. Suite 102, Corona, NY 11368  
Tel: (718) 446-0002/Fax: (718) 898-3632

55 Queens Ave. Suite LLL, Brooklyn, NY 11238  
Tel: (718) 398-7777/Fax: (718) 399-7777

92-18 165th Street, Jamaica, NY 11433  
Tel: (718) 725-0044/Fax: (718) 725-0880

127 East 107 Street, New York, NY 10029  
Tel: (212) 534-1500/Fax: (212) 460-8338

313 43rd Street, LLD, Brooklyn, NY 11233  
Tel: (718) 370-7777/Fax: (718) 682-3833

2307 Westchester Ave, Bronx, NY 10462  
Tel: (718) 597-2900/Fax: (718) 397-2502

65-55 Woodhaven Blvd, 2nd fl, Rego Park, NY 11374  
Tel: (718) 255-6615/Fax: (718) 255-1384

14 Mamaroneck Ave, 2nd fl, White Plains, NY 10601  
Tel: (914) 949-5355/Fax: (914) 993-3333

1963 Grand Concourse, 2nd fl, Bronx, NY 10453  
Tel: (718) 466-4600/Fax: (718) 466-1100

910 E Gun Hill Rd, Bronx, NY 10469  
Tel: (718) 882-8500/Fax: (718) 882-4400

Date: 5-9-22

### Forms

I, KOFI TWUMASI, hereby authorize CitiMed Complete Medical Care, P.C. to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. Lien Assignment Agreement
3. Notice to Patients
4. Disclosure of Ownership Interest.
5. NYS Form NF-2
6. Authorization for release of patient information – HIPAA

(Please sign within the box with black ink)



# CITIMED INTAKE SHEET

WC NF LIEN

Patient Name: JULIASI KOEI M / F  
DOA: 01/12/02  
DOB: 03/25/1952 Age: 70 Height: 5'10 Weight: 190 Handed: R  
/ L  
Chief Complaint: R/SH L/SH R/KN L/KN Other:

Type of Injury: MVA Work-Related Working: Y / N Degree of Disability:  
45 %  
Other:

Pedestrian Bicyclist Motorcyclist Bus pass X Driver Front Pass. Rear Pass  
Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front  
Passenger side rear T-Boned Driver side T-Bone Passenger side  
Airbags deployed: Y / N EMS Arrived: Y / N Police at Scene: Y / N  
Went to Hospital: Y / N Hospital name: Amb.  
Car  
PMH: None Diabetes HTN HLD Asthma Cardiac GOAT Thyroid CA Prostate

PSH: None

Radiation tx currently

Meds: None / Pain meds HCTZ 25mg amlodipine 5mg ALLUPURINOL 100mg  
PRN ASA 81mg metformin 1000mg atorvastatin 40mg  
Drug Allerg: Y / N Penicillin Fraxiparine 5mg metoprolol succinate 62.5mg

Soc. His: Smoke Y / N ppd Alcohol Y / N  
PT/Chiro: Y / N Duration: 4 Weeks / Months / Years Relief: Good Little None  
Walk: Y / N 5 blocks Stand: Y / N 25 mins Sit Y / N 5 mins  
Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead  
Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

## PRESENT COMPLAINTS:

<u>R SH</u> Pain <u>6</u> /10 <u>Constant</u> Intermittent Reach overhead <u>Y</u> / N Reach back <u>Y</u> / N Unable to sleep at night	<u>L SH</u> Pain <u>   </u> /10 Constant Intermittent Reach overhead Y / N Reach back Y / N Unable to sleep at night	<u>R KN</u> Pain <u>   </u> /10 Constant Intermittent Diff rising from chair Y / N Diff w/ stairs Y / N Clicking Popping Buckling Intermit lock.	<u>L KN</u> Pain <u>   </u> /10 Constant Intermittent Diff rising from chair Y / N Diff w/ stairs Y / N Clicking Popping Buckling Intermit lock.
<u>R ANK</u> Pain <u>   </u> /10	<u>L ANK</u> Pain <u>   </u> /10	<u>R WRI</u> Pain <u>   </u> /10	<u>L WRI</u> Pain <u>   </u> /10

Constant	Intermittent	Constant	Intermittent	Constant	Intermittent	Constant	Intermittent
				Weak/Numb/Tingl		Weak/Numb/Ting	
				Difficult holding objects		Difficult holding objects	

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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:

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

Deltoid

Atrophy

O'Brien's

Impingement

Lift off test

Hawkins

ROM: Abd. 90/180

Add. 30/45

For Flex. 125/180

Ext. 45/60

IR 70/90

ER 65/90

IR: sacrum mid back

X no motor or sensory deficit

L /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

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

**L / 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

**R /ANK:** Swelling /Hematoma/ bruise over → Anterior    Posterior    Lateral    malleolus.  
Tenderness to palpation → Med. aspect    Lat. aspect.    ROM: Full    Limited and painful.  
ROM: Dorsi flexion \_\_\_\_/20    Plantar flex. \_\_\_\_/50    Inversion \_\_\_\_/15    Eversion \_\_\_\_/15

**L /ANK:** Swelling/Hematoma/bruise over → Anterior    Posterior    Lateral    malleolus.  
Tenderness to palpation → Med. aspect    Lat. aspect.    ROM: Full    Limited and painful.  
ROM: Dorsi flexion \_\_\_\_/20    Plantar flex. \_\_\_\_/50    Inversion \_\_\_\_/15    Eversion \_\_\_\_/15

**R /WRI:** Pain to palp. → Ulnar styl.    Distal rad.    Scaphoid \_\_\_\_/5 grip strength    Neurovascular  
intact distally

ROM: Flexion \_\_\_\_/70    Extension \_\_\_\_/70    Radial dev. \_\_\_\_/20    Ulnar dev. \_\_\_\_/40

**L /WRI:** Pain to palp. → Ulnar styl.    Distal rad.    Scaphoid \_\_\_\_/5 grip strength  
Neurovascular intact distally

ROM: Flexion \_\_\_\_/70    Extension \_\_\_\_/70    Radial dev. \_\_\_\_/20    Ulnar dev. \_\_\_\_/40

## Dx:

<b>Right Shoulder</b> S46.011A Partial rot cuff tear M75.121 Complete rot cuff tear M24.811 Internal derangement M75.01 Adhesive Capsulitis M75.81 Shoulder tendinitis S43.431A Labral tear S43.431A SLAP tear M75.41 Impingement M65.811 Tenosynovitis M75.51 Bursitis M75.21 Bicipital tendinitis M25.511 Pain S49.91XA Injury S46.101A Biceps tendon tear M24.10 Glenoid chondr defect M94.211 Chondromal, glen/HH M67.211 Hypertroph. synovitis M89.311 AC joint hypertrophy M24.011 Loose Bodies M25.311 Shoulder instability M19.011 Primary osteoarthritis M25.411 Joint effusion	<b>Left Shoulder</b> S46.012A Partial rot cuff tear M75.122 Complete rot cuff tear M24.812 Internal derangement M75.02 Adhesive Capsulitis M75.82 Shoulder tendinitis S43.432A Labral tear S43.432A SLAP tear M75.42 Impingement M 65.812 Tenosynovitis M75.52 Bursitis M 75.22 Bicipital Tendinitis M25.512 Pain S49.92XA Injury S46.102A Biceps tendon tear M24.10 Glenoid chondr defect M94.212 Chondromal, glen/HH M67.212 Hypertroph. synovitis M89.312 AC joint hypertrophy M24.012 Loose Bodies M25.312 Shoulder instability M19.012 Primary osteoarthritis M25.412 Joint effusion	<b>Right Knee</b> 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 M93.261 Osteochondral lesion M17.11 Osteoarthritis M24.661 Adhesions M67.51 Medial plica M25.761 Osteophyte M70.41 Prepatellar bursitis	<b>Left Knee</b> 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
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## Plan:

☒ Recommend steroid inj. with pain mgmt. R/SH L/SH R/KN L/KN Patient      Accepts  
☒ Refuses.  
☐ Brace ordered R/KN L/KN R/ANK L/ANK R/WRI L/WRI  
☒ MRI ordered R/KN L/KN R/ANK L/ANK R/WRI L/WRI  
☒ Follow up in postop Weeks / Months / PRN.  
☒ Discussed R/SH L/SH R/KN L/KN  
☒ Proceed w/ Sx      Wants to think about it      Proceed with      Sx after rehab on       
☒ Med Clearance needed prior to Sx.      W/C authorization needed prior to Sx  
☒ Patient consents to R/SH Sx.  
☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on     

ATH clearance (Schedule ATH 5/20)