

6/7/2022

(01658)-CHARLES SPENSER

Date of Birth - 7/9/1988 Sex - Male Marital Status - Single

Address: 1959 SCHENECTADY AVE, Brooklyn, NY, 11234

Phone #: (718) 679-2880

Social Security# - 108-74-7066

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 11/17/2021

Time/Place Accident -

Date of Visit - 11/22/2021

Condition Related to : Auto Accident

Insurance Company : GEICO Indemnity Co.

Address: 750 Woodbury Rd.

Woodbury, NY, 11797

Phone: (800)645-7550 Fax: ext.6261

Claim# - 8729123690000002

Claim Address - P.O.BOX 9507

FREDERICKSBURG, VA 22403

NF-2 - Yes Sending Date - 12/14/2021

Policy Adjuster - Suhany

516-714-7021

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Jason Zemsky Firm Name -

Attorney Address - 33 Front ST Hempstead NY 11550

Attorney Phone - 516-485-3800 Fax - Contact Person -

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: Charles Spencer DOB: 11/11/1988 Age: 33 Height: 5'11" Weight: 200 DOA: 11/17/21
 Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank
 R/Wri L/Wri Neck Mid-back Low-back
 Type of Injury: MVA Work-Related Working: Y / N Degree of Disability: _____ %
 Asymptomatic prior to accident: Y / N History of prior trauma: Y / N
 Pain in: _____
 Other: _____

___ Pedestrian ___ Bicyclist ___ Motorcyclist ___ Bus pass. Y 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 Thyroid CA _____
 PSH: None

Meds: 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: _____ Weeks / Months / Years Relief: Good Little None
 Walk: Y / N ___ blocks Stand: Y / N ___ mins Sit Y / N ___ mins
 Unable to: Garden Play sports Drive Lift Childcare 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	L SH Pain <u>6</u> /10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>Y</u> / N Reach back <u>Y</u> / N Unable to sleep at night Imp w/ Rest Med PT Ice	R KN 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	L KN 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
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R HIP Pain ___/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	L HIP Pain ___/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	R ANK Pain ___/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	L ANK Pain ___/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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R WRI Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L WRI Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	R ELB Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L ELB Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
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Other Complaints: weak, painful, Abd Ext, Rot

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:****C SPINE:** Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L

Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice

ROM: Flex. ____/45 Ext. ____/45 R Lat Flex. ____/45 L Lat Ext. ____/45 Rot ____/60

L SPINE: Pain Sharp Shoot Burn Constant Intermittent Numb Tingling Radiates to R L

Pain w/ stand walk sit bend Improves 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 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

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. 120/180 Add. 50/45 For Flex. 125/180 Ext. 50/60 IR 30/90 ER 45/90

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 /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

L /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

R/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
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: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
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 Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ____/80 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/30

L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ____/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ____/80 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/30

R/ELB: Swell Erythema Bruise Deltoid atrophy ____/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ____/150 Extension ____/150 Supin. ____/90 Pron. ____/90

L/ELB: Swell Erythema Bruise Deltoid atrophy ____/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ____/150 Extension ____/150 Supin. ____/90 Pron. ____/90

Dx:

Right Shoulder

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

Left Shoulder

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
M65.812 Tenosynovitis
M75.52 Bursitis
M75.22 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

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
M93.261 Osteochondral 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
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

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132
usinhaorthopedics@gmail.com

Date: 06/07/12

NF Forms

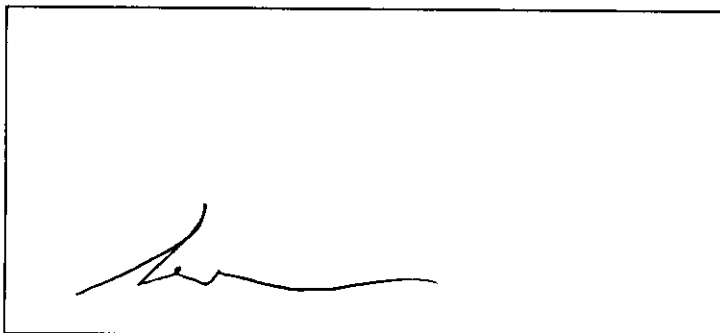
I, Srinivas Chandra hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)