

6/7/2022

(01738)-ROBINSON DANIEL

Date of Birth - 11/5/1972 Sex - Male Marital Status - Single

Address: 1773 NOSTRAND AVE, Brooklyn, NY, 11226

Phone #: (917) 408-2579

Social Security# - 508-34-1792

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 3/28/2022

Time/Place Accident -

Date of Visit - 4/7/2022

Condition Related to : Auto Accident

Insurance Company : Liberty Mutual Fire Insurance Co.

Address:

Phone: 800-486-6189 Fax:

Claim# - 048998132

Claim Address - PO BOX 5014

SCRANTON PA 18505

NF-2 - Yes Sending Date - 04/26/2022

Policy Adjuster - KATHY

317-428-4303

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - BLUEMEN&SHAYNE Firm Name - BLUMEN&SHAYNE

Attorney Address -

Attorney Phone - 718-618-0462 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: Robinson, Daniel
DOB: 11/5/1972 Age: 49 Height: 5'9" Weight: 185 M 1 F 5 DOA: _____
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: Shoulder, R/L R/L knee, Ankles, knee pain, medial
Other: _____

___ Pedestrian ___ Bicyclist ___ Motorcyclist ___ Bus pass. ___ Driver ___ Front Pass. ___ Rear Pass
Vehicle hit: Rear Front Driver-side front Driver side rear X 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 ___/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 | R KN Pain <u>9</u> /10 Constant Intermittent Stiff Weak Diff rising from chair <u>(Y)</u> / N Diff w/ stairs <u>(Y)</u> / N <u>(Y)</u> Click <u>(Y)</u> Pop <u>(Y)</u> Buckl <u>(Y)</u> 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 |
|--|--|--|--|

| | | | |
|---|---|---|---|
| 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 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 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 |
|---|---|---|---|

Other Complaints: knees gives out, R/L, Swelling,

ROS:
General: Fever, 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. ___/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/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 | Left Shoulder | Right Knee | Left Knee |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| S46.011A Partial rot cuff tear | S46.012A Partial rot cuff tear | S83.241A Med. Men. tear | S83.242A Med. Men. tear |
| M75.121 Complete rot cuff tear | M75.122 Complete rot cuff tear | S83.281A Lat. Men. tear | S83.282A Lat. Men. tear |
| M24.811 Internal derangement | M24.812 Internal derangement | M23.91 Internal derangement | M23.92 Internal derangement |
| M75.01 Adhesive Capsulitis | M75.02 Adhesive Capsulitis | S83.519A ACL tear | S83.519A ACL tear |
| M75.81 Shoulder tendinitis | M75.82 Shoulder tendinitis | S83.511A ACL sprain | S83.512A ACL sprain |
| S43.431A Labral tear | S43.432A Labral tear | S83.411 MCL sprain | S83.412A MCL sprain |
| S43.431A SLAP tear | S43.432A SLAP tear | M94.261 Chondromalacia | M94.262 Chondromalacia |
| M75.41 Impingement | M75.42 Impingement | S83.31XA Tear artic. cartilage | S83.32XA Tear artic. cartilage |
| M65.811 Tenosynovitis | M 65.812 Tenosynovitis | M22.2X1 PF chondral injury | M22.2X2 PF chondral injury |
| M75.51 Bursitis | M75.52 Bursitis | M25.461 Joint effusion | M25.462 Joint effusion |
| M75.21 Bicipital tendinitis | M 75.22 Bicipital Tendinitis | M12.569 Trauma. arthropathy | M12.569 Trauma. arthropathy y |
| M25.511 Pain | M25.512 Pain | S80.911A Injury | S80.912A Injury |
| S49.91XA Injury | S49.92XA Injury | M25.561 Pain | M25.562 Pain |
| S46.101A Biceps tendon tear | S46.102A Biceps tendon tear | M65.161 Synovitis | M65.162 Synovitis |
| M24.10 Glenoid chondr defect | M24.10 Glenoid chondr defect | M23.40 Loose body in knee | M23.40 Loose body in knee |
| M94.211 Chondromal, glen/HH | M94.212 Chondromal, glen/HH | M24.10 Chondral lesion | M24.10 Chondral lesion |
| M67.211 Hypertroph. synovitis | M67.212 Hypertroph. synovitis | M93.261 Osteochondral lesion | M93.262 Osteochondral lesion |
| M89.311 AC joint hypertrophy | M89.312 AC joint hypertrophy | M17.11 Osteoarthritis | M17.12 Osteoarthritis |
| M24.011 Loose Bodies | M24.012 Loose Bodies | M24.661 Adhesions | M24.662 Adhesions |
| M25.311 Shoulder instability | M25.312 Shoulder instability | M67.51 Medial plica | M67.52 Medial plica |
| M19.011 Primary osteoarthritis | M19.012 Primary osteoarthritis | M25.761 Osteophyte | M25.762 Osteophyte |
| M25.411 Joint Effusion | M25.412 Joint Effusion | M70.41 Prepatellar bursitis | 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: 06/07/22

NF Forms

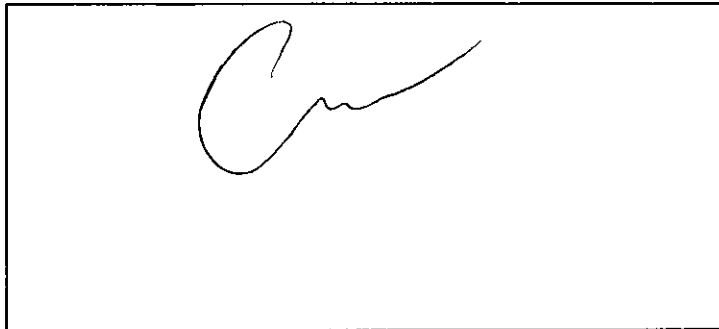
I, Daniel Robinson hereby authorize **UK Sinha Physician, P.C.**

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)