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

INITIAL INTAKE SHEET

WC(NF') LIEN					
Patient Name: ALCAN DOB: 101111001 Chief Complaint: R/SH R/Wri	Age: 7-7 Height: <	Weight:	A: OS OS 2022 Handed BD / L /Hip R/Ank L/Ank		
Type of Injury: MVA Work-Related Working: Y N Degree of Disability:% Asymptomatic prior to accident: Y N History of prior trauma: Y N MVA 2020 Paln in:					
Other:			<u> </u>		
PedestrianBicyclist Vehicle hit: Passenger sid Airhags deployed: Y / V Went to Hospital: Y N PMH_None Diabetes HIN	MotorcyclistBus par Front Driver-side to the rear T-Boned Driver EMS Arrived to the	front Driver side rear ver side T-Bone Passenger I: Y N Police at	Rear Pass Passenger side front side Scene: N Amb. Car		
PSH: None / Pain meds PRN Drug Allergy: Y / N ppd Alcohol (Y / N Recreational Drugs Y / N PT/Chiro: N Duration: 1 Weeks / Wonths Years Relief: Good (title None Walk: N blocks Stand: Y N mins Sit Y N mins Sit Y N Reach overread Carry Reach overread Carry Shepping Errands Kneel Squat Stars Joy Exercise					
PRESENT COMPLAINTS: , (2)					
RSH 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 /10 Constant Intermittent Stiff Weak Pop Click Reach overhead Y-/ N Reach back N Unable to sleep at hight Imp w/ Rest Med PT ce	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 op Buckt tock		
R HIP 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		
R WRI Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	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/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice		
	· · · · · · · · · · · · · · · · · · ·				

Other Complaints:____

```
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 /Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
       Heat
                     Ervthema
                                     Crepitus
                                                           Deformity
                     Cross-Over Empty Can
                                                                         Deltoid Atrophy
                                                          Yergason
       Drop Arm
                      Impingement Lift off test
       O'Brien's
                                                           Hawkins
ROM: Abd.___/180 Add. ___/45 For Flex. ___/180 Ext. ___/60 IR ___/90 ER ___/90
                                    ____no motor or sensory deficit
 IR: sacrum mid back
L/SH: Swelling/Fender to palp-> Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula
                                 erepitus Deformity
     Heat
                    Ervthema
Drop Arm Cross Over Empty Cen Yergason Deltoid Atrophy
O'Brien's Impingement Littoffiest Hawkins

ROM: Abd. 40/180 Add. 50/45 For Flex. 5/180 Ext. 45/60 IR 5/90 ER 6/90
                                       no motor or sensory deficit
IR: sacrum mid back
R /KN: Swelling / Tender along → Med joint line Lat joint line Sup. patella Inf. Patella
                                                                                     Pop. fossa
                                                      Crepitus
                                                                    Deformity
                    Swelling
       Heat
                                  Ervthema
                                   Pat. fem. grind Ant. draw Post. draw
       McMurray Lachmans
                          Extension_____/5 ___Stable varus/valgus _____no motor or sensory deficit
ROM: Flexion ____/130
L/KN: Swelling / Tender along -> Med joint line Lat joint line Sup. patella dnf. Patella Pop. fossa
       Heat Swelling
                                                   Crevitus
                                  Erythema
                                                                    Deformity
       McMurray Lachmans
                                  Pat. fem prind Ant. draw
                                                                    Post, draw
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
                                                             Trendelenburg +ve -ve
L/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
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
<u>R/ELB</u> : 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

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

Dx:

Left Shoulder 846.012A Partial rot cuff tear M75.122 Complete rot cuff tear W24:812 Internal derangement M75.02 Adhesive Capsulitis M75.82 Shoulder tendinitis 943.432A Labral tear S43.432A SLAP tear M75.42 Impingement M 65.812 Tenosynovitis M75.52 Bursitis M 75.22 Bicipital Tendinitis M25.512 Palo S49.92XA Injury S46.102A Biceps tendon tear M24.10 Gienoid chondr defect M94.212 Chondromal, glan/HH M67.212 Hypertroph. synovitis M89.312 AC joint hypertrophy M24-012 Louse Bodies M25.312 Shoulder Instability M19,012 Primary ostsoarthritis 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 M12569 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 y S80-912A Injuly 125,562 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

quadriceps tenchr

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		
o opina	Lapine		
_Pian:			
Recommend stero	id inj. for pain mgmt. R/SH (
PatientAccepts	R/WRI	L/WRI R/ELB L/ELE	B C Spine L Spine
Brace ordered 1	R/SH L/SH R/KN L/KN R/ELB L/ELB	R/HIP L/HIP R/ANK	L/ANK R/WRI L/WRI
h R	/SH L/SH R/KN L/KN /ELB L/ELB C Spine L S	R/HIP L/HIP R/ANK pine	L/ANK R/WRI L/WRI
	Weeks / Months / PRN.	HIP L/HIP R/ANK L/A	NK RWRI LWRI
R/EI	B L/ELB C Spine L Spin	e	
Proceed w/ Sx	Wants to think about it	Proceed with	
_	eded prior to SxW/C a	uthorization needed prior to S	x
Patient consents to		/KN Surgery on 1144	450A-1 7/7
(anone someonied i	S. A/OH C/OH HUMAN	and and an	

e.o