

5/9/2022

**(00522)-Robinson Jarmel**

Date of Birth - 7/1/1976    Sex - Male    Marital Status - Single

Address: 1338 Franklin Ave #1B, Bronx, NY, 10456  
Phone #: (929) 508-5484

Social Security# - 128-58-1920

Employer or Company Name:

Address:  
Emergency Name:  
Work Phone #:

Date of Accident - 1/30/2022  
Time/Place Accident - 1030 Bryant Ave  
Policy Report - Yes  
Date of Visit - 2/1/2022  
Condition Related to : Auto Accident

Insurance Company : GEICO Indemnity Co.

Address: Geico NY PIP P.O. Box 9507

Fredericksburg, VA, 22403

Phone: (516) 496-5214    Fax: (856) 294-5154

Claim# - 8724119080000003

NF-2 - Yes    Sending Date - 02/21/2022

Policy Adjuster - Crystal Davis 516-714-7051

F: 856-294-5154

Policy Effective Date -

Policy# - 6064547646

Policy holder - Lloyd-King, Tanya, R

WCB# -

Carrier case # -

Attorney - Nataliya Borushchak    Firm Name - Law Offices OF Nataliya Borushchak, P.C

Attorney Address - 2357 Coney Island Avenue, 2nd Floor. Brooklyn, NY. 11223

Attorney Phone - 347-462-3430    Fax - 718-676-5208

Contact Person -

Other Insurance -

Medicare -

---

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 113418

## INITIAL INTAKE SHEET

WC ☒ NF ☐ LIEN

Patient Name: ROBINSON, JARMEL ☒ M ☐ F DOA: 01/30/2022  
DOB: 7/1/1976 Age: 45 Height: 6'1 Weight: 230 Handed: ☒ R ☐ L  
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: 75 %  
Asymptomatic prior to accident: ☒ Y ☐ N History of prior trauma: ☒ Y ☐ N 2017  
Pain in: R/L Shoulder  
Other: \_\_\_\_\_

☐ Pedestrian ☐ Bicyclist ☐ Motorcyclist ☐ Bus pass. ☒ 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: ST. BARNABAS Amb. Car  
PMH: ☒ None Diabetes HTN HLD Asthma Cardiac Thyroid CA  
PSH: ☒ None Left shoulder arthroscopy 2017 Right shoulder arthroscopy 2022 with DR Durant  
Meds: ☒ None ☐ Pain meds ☐ PRN  
Drug Allergy: ☒ Y ☐ N 100mg  
Soc. His: Smoke ☒ Y ☐ N 1 ppd Alcohol ☒ Y ☐ N Recreational Drugs ☒ Y ☐ N  
PT/Chiro: ☒ Y ☐ N Duration: 4 Weeks/Months/Years Relief: Good ☒ Little ☐ None  
Walk: ☒ Y ☐ N 3 blocks Stand: ☒ Y ☐ N 60 mins Sit ☒ Y ☐ N 10 mins  
Unable to: Garden ☐ Play sports ☒ Drive ☐ Lift ☐ Childcare ☒ Carry ☐ Reach overhead  
Laundry ☐ Shopping ☒ Errands ☐ Kneel ☐ Squat ☐ Stairs Jog ☒ Exercise  
Left shoulder arthroscopy with DR Durant

### PRESENT COMPLAINTS:

<b>R SH</b> Pain <u>10</u> /10 Constant Intermittent <input checked="" type="radio"/> Stiff <input type="radio"/> Weak Pop Click Reach overhead <input checked="" type="radio"/> Y <input type="radio"/> N Reach back <input checked="" type="radio"/> Y <input type="radio"/> N Unable to sleep at night Imp w/ Rest Med PT Ice	<b>L SH</b> Pain <u>8</u> /10 Constant Intermittent <input checked="" type="radio"/> Stiff <input type="radio"/> Weak <input checked="" type="radio"/> Pop <input checked="" type="radio"/> Click Reach overhead <input checked="" type="radio"/> Y <input type="radio"/> N Reach back <input checked="" type="radio"/> Y <input type="radio"/> N Unable to sleep at night Imp w/ Rest Med PT Ice	<b>R KN</b> Pain <u>   </u> /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	<b>L KN</b> Pain <u>   </u> /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
<b>R HIP</b> Pain <u>   </u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<b>L HIP</b> Pain <u>   </u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<b>R ANK</b> Pain <u>   </u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	<b>L ANK</b> Pain <u>   </u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
<b>R WRI</b> Pain <u>   </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>L WRI</b> Pain <u>   </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>R ELB</b> Pain <u>   </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>L ELB</b> Pain <u>   </u> /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:****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

*current incisions clean dry & intact*

**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. 120/180 Add. 45/45 For Flex. 170/180 Ext. 55/60 IR 85/90 ER 80/90

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. 150/180 Add. 35/45 For Flex. 145/180 Ext. 40/60 IR 65/90 ER 60/90

IR: sacrum mid back X 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  
Tinell +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  
Tinell +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 Tinell +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 Tinell +ve -ve

ROM: Flexion \_\_\_/150 Extension \_\_\_/150 Supin. \_\_\_/90 Pron. \_\_\_/90

Dx: S/P Arthroscopy

Right Shoulder	Left Shoulder	Right Knee	Left Knee
S46.011A Partial rot cuff tear	<u>S46.012A Partial rot cuff tear</u>	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	<u>M75.42 Impingement</u>	S83.31XA Tear artic. cartilage	S83.32XA Tear artic. cartilage
M65.811 Tenosynovitis	<u>M65.812 Tenosynovitis</u>	M22.2X1 PF chondral injury	M22.2X2 PF chondral injury
M75.51 Bursitis	<u>M75.52 Bursitis</u>	M25.461 Joint effusion	M25.462 Joint effusion
M75.21 Bicipital tendinitis	M75.22 Bicipital Tendinitis	M12.569 Trauma. arthropathy	M12.569 Trauma. arthropathy y
<u>M25.511 Pain</u>	<u>M25.512 Pain</u>	S80.911A Injury	S80.912A Injury
S49.91XA Injury	<u>S49.92XA Injury</u>	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
<u>M25.411 Joint Effusion</u>	<u>M25.412 Joint Effusion</u>	M70.41 Prepatellar bursitis	M70.42 Prepatellar bursitis

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		

## Plan:

☒ Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK  
R/WRI L/WRI R/ELB L/ELB C Spine L Spine

Patient \_\_\_ Accepts ☒ Refuses.

\_\_\_ Brace ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI  
R/ELB L/ELB

\_\_\_ MRI ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI  
R/ELB L/ELB C Spine L Spine

☒ Follow up in post op Weeks / Months / PRN.

☒ Discussed R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI  
R/ELB L/ELB C Spine L Spine

☒ 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 L/SH Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on THURSDAY MAY 26<sup>th</sup>